

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

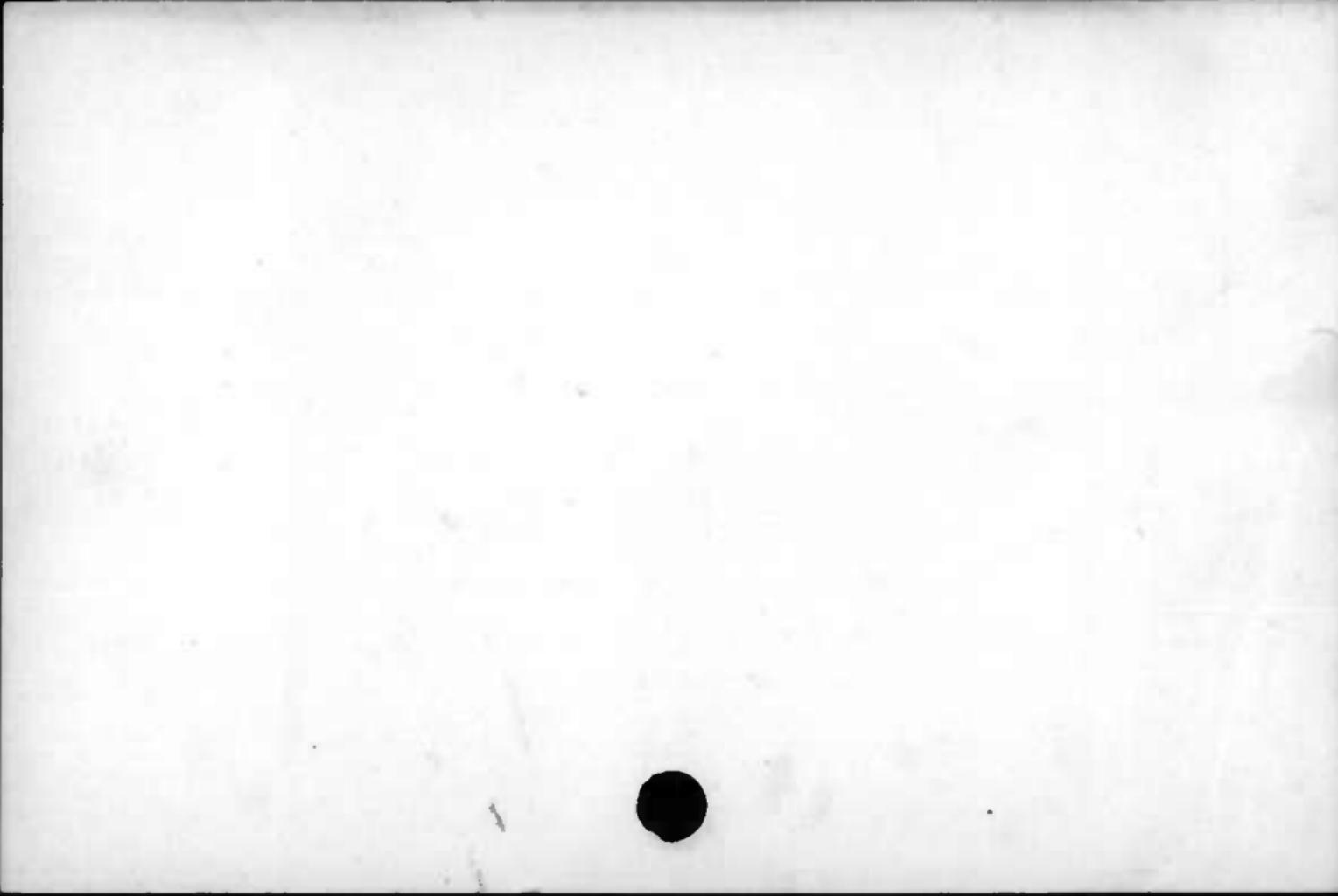
Died at	Town	County	MARYLAND
Date of death 1907	Month Jan	Day 10	Years 2 Months 6 Days
Sex Female	Color or Race American	Birth-place Md	
Occupation Housewife	Where Residing if not at place of death		
Married, Single	Name of Wife or Husband		
Father's Name Marian Basford	Father's Birthplace Md		
Mother's Maiden Name Jessie Lee	Mother's Birthplace Virginia		
Name of person giving Information M. Basford	How related to deceased Father		

CAUSES OF DEATH

(8)

Primary	Pneumonia, Cough & Mucus		How long 2 months
Immediate	Bronchitis, pneumonia & tuberculosis		How long 3 months
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	
		Address	Baltimore, Maryland
Accident or Suicide?	No	Kensington	

PHYSICIAN
OR CORONER



Name
in
Full

Bertha Carroll

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

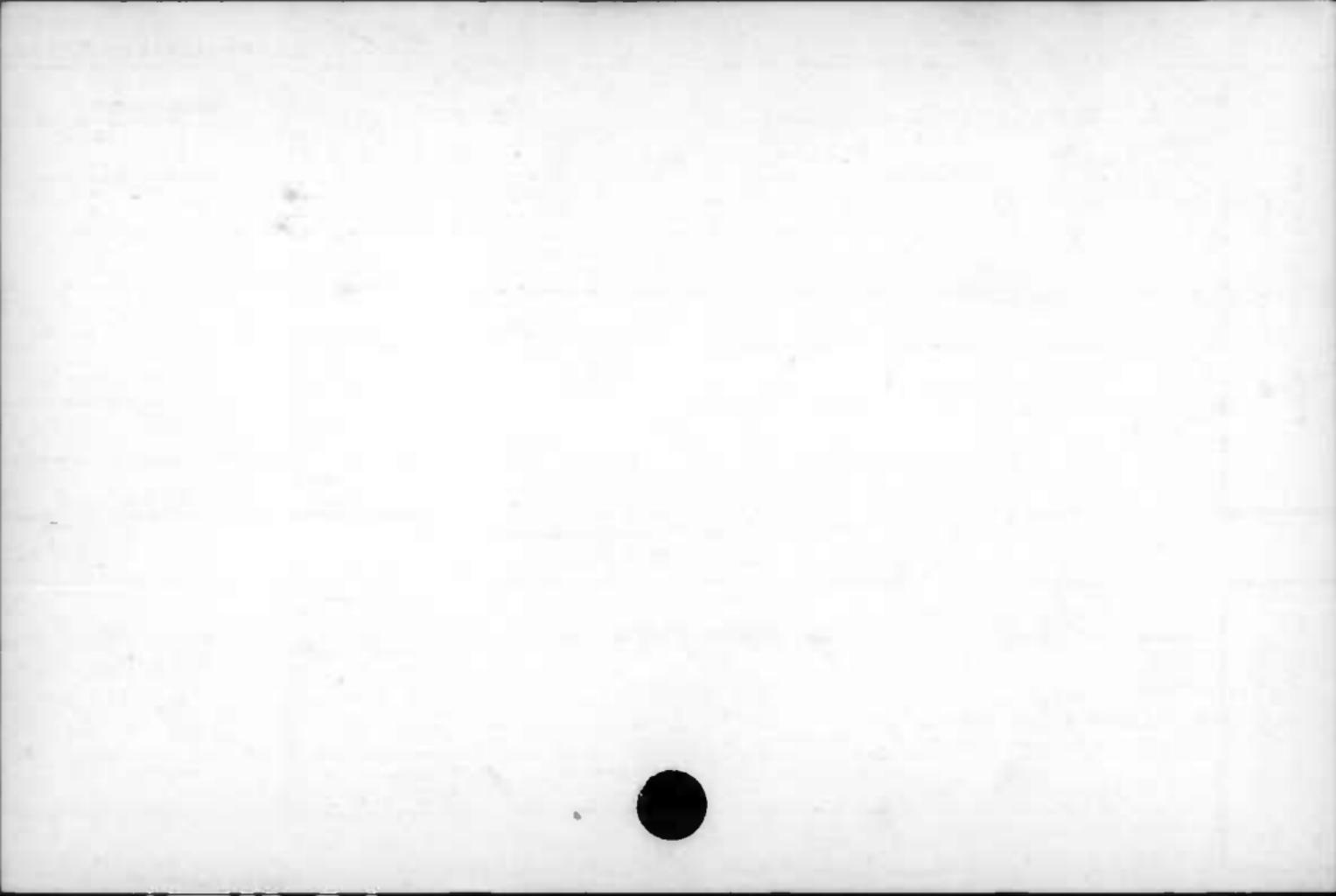
Died at <u>Poyds</u> Town		<u>Maryland</u> County		MARYLAND	
Date of death	<u>190</u> Month <u>6</u>	Day <u>4</u>	Years <u>34</u>	Months <u>-</u>	Days <u>-</u>
Sex <u>Female</u>	Color or Race <u>Negro</u>	Birthplace <u>Maryland</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>Geo Carroll</u>				
Married, Single or Widowed	Name of Wife or Husband <u>Geo Carroll</u>	Father's Name <u>-</u>	Father's Birthplace <u>-</u>		
Mother's Maiden Name <u>-</u>	Mother's Birthplace <u>-</u>	How related <u>Daughter</u>			
Name of person giving Information <u>K-D House M.D.</u>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <u>Miliary tuberculosis</u>	How long <u>4 weeks</u>
Immediate <u>Asthma</u>	How long <u>-</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician Address <u>K-D House M.D. Dawsonville Md.</u>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

P H Y S I C I A N
O R C O R O N E R

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age	23	
Occupation	Houswife	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Jane Chishier	St. James	
Father's Name	Henry Reed	Father's Birthplace			
Mother's Maiden Name	Elizabeth Davis	Mother's Birthplace			
Name of person giving Information	Howard Otterback	How related to deceased			

CAUSES OF DEATH

27

How long

How long

Pulmonary Tuberculosis

1 yr.

Primary

"

"

Immediate

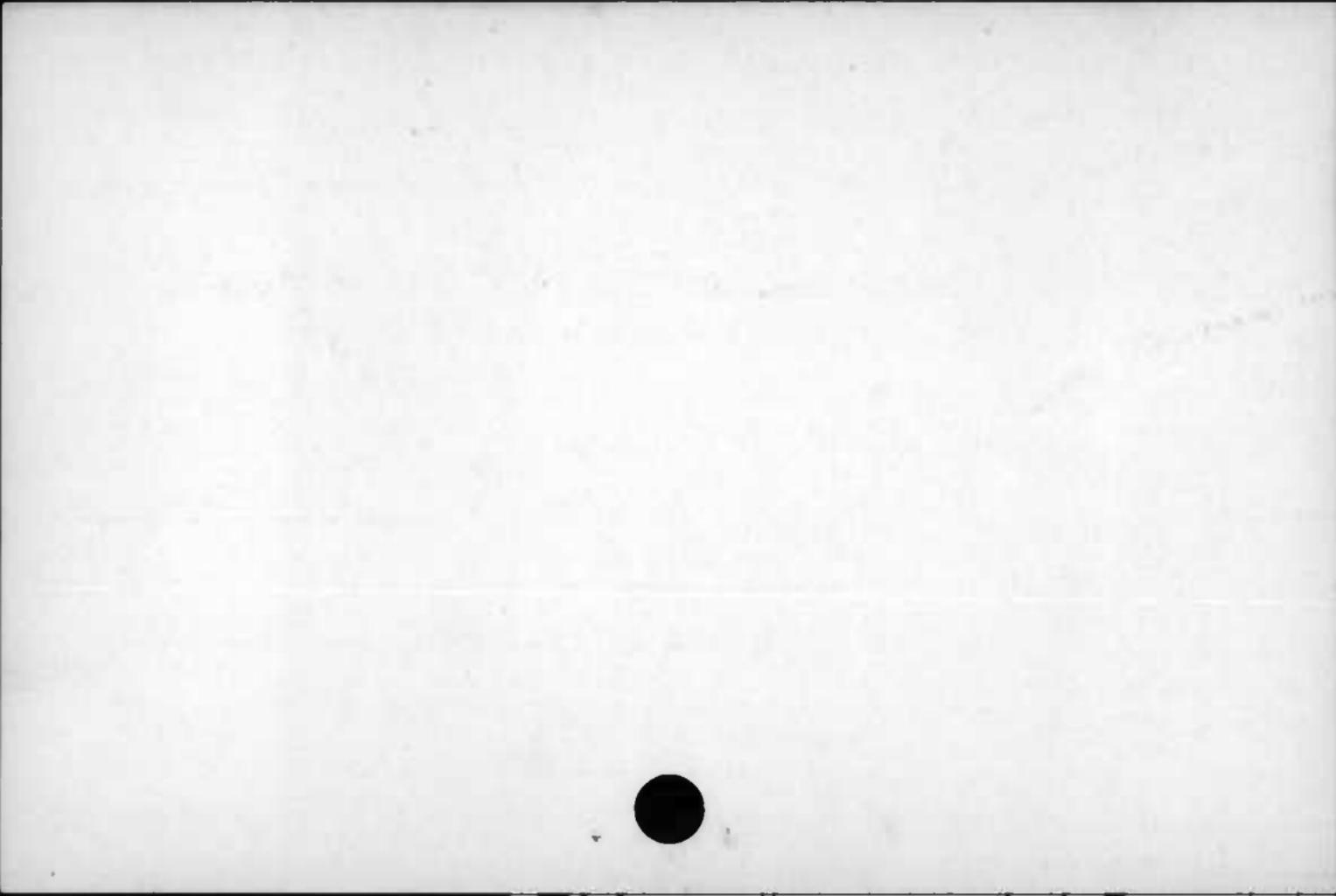
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Our Copy

Address

Wal Poole
Potomac

Accident or Suicide? No W. Lewis M.D.



Name
In
Full

Lillie Blenau

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 190	Month	Year	Months
7 June	26	Age	2
Sex	Color or Race	Birth-place	Days
Female	Negro	Martinsburg	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	Martinsburg
Father's Name	Wesley Coleman	Mother's Birthplace	Martinsburg
Mother's Maiden Name	Reenie Arthur	How related to deceased	Father
Name of person giving information	Wesley Blenau		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Found dead

179

How long

not at all

Immediate

in bed.

How long

Are the name, age, sex, color, date and place correctly given above?

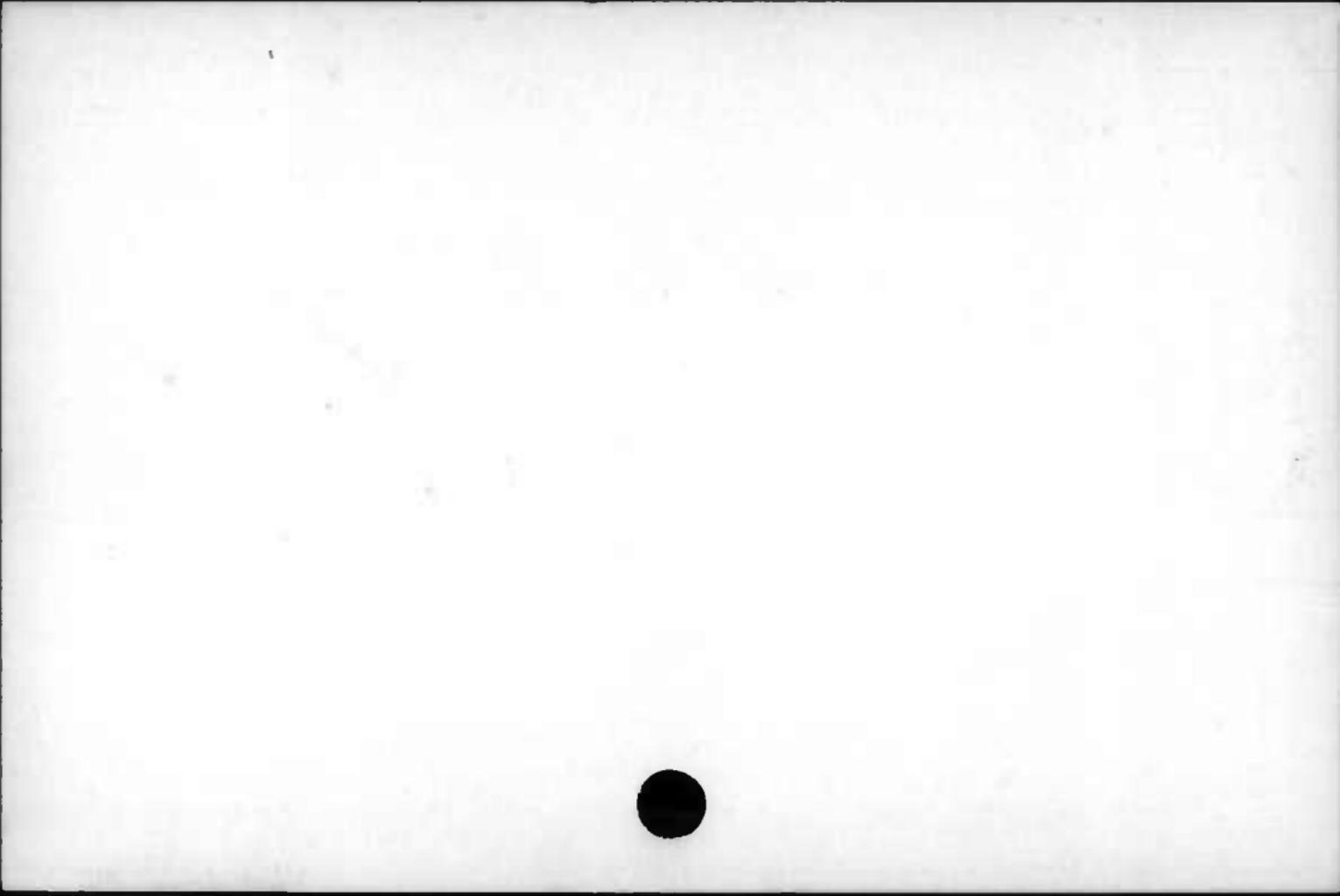
yes

Signature of Physician

R. H. Hall sub-reg
Martinsburg Pad.

Address

Accident or Suicide?



Name
in
Full

Isabella Collins

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County		
Died at Potmane	Montgomery		
Date of death 1907 June	Month	Day	Years
Age 81	Months — Days —		
Sex Female	Color or Race white	Birth-place	
Occupation none	Where Residing if not at place of death Same		
Married, Single or Widowed	Name of Wife or Husband Wm Collins	Father's Birthplace	7a
Father's Name Ruben Ingalls	Mother's Birthplace	7a	
Mother's Maiden Name Don't know	How related to deceased	7a	
Name of person giving information Ruben Ingalls			

CAUSES OF DEATH

64

Hourly

How long

PHYSICIAN
OR CORONER

Primary

Cerebral Hemorrhage

12 days

Immediate

Paralysis

Are the name, age, sex, color, date and place correctly given above? yes

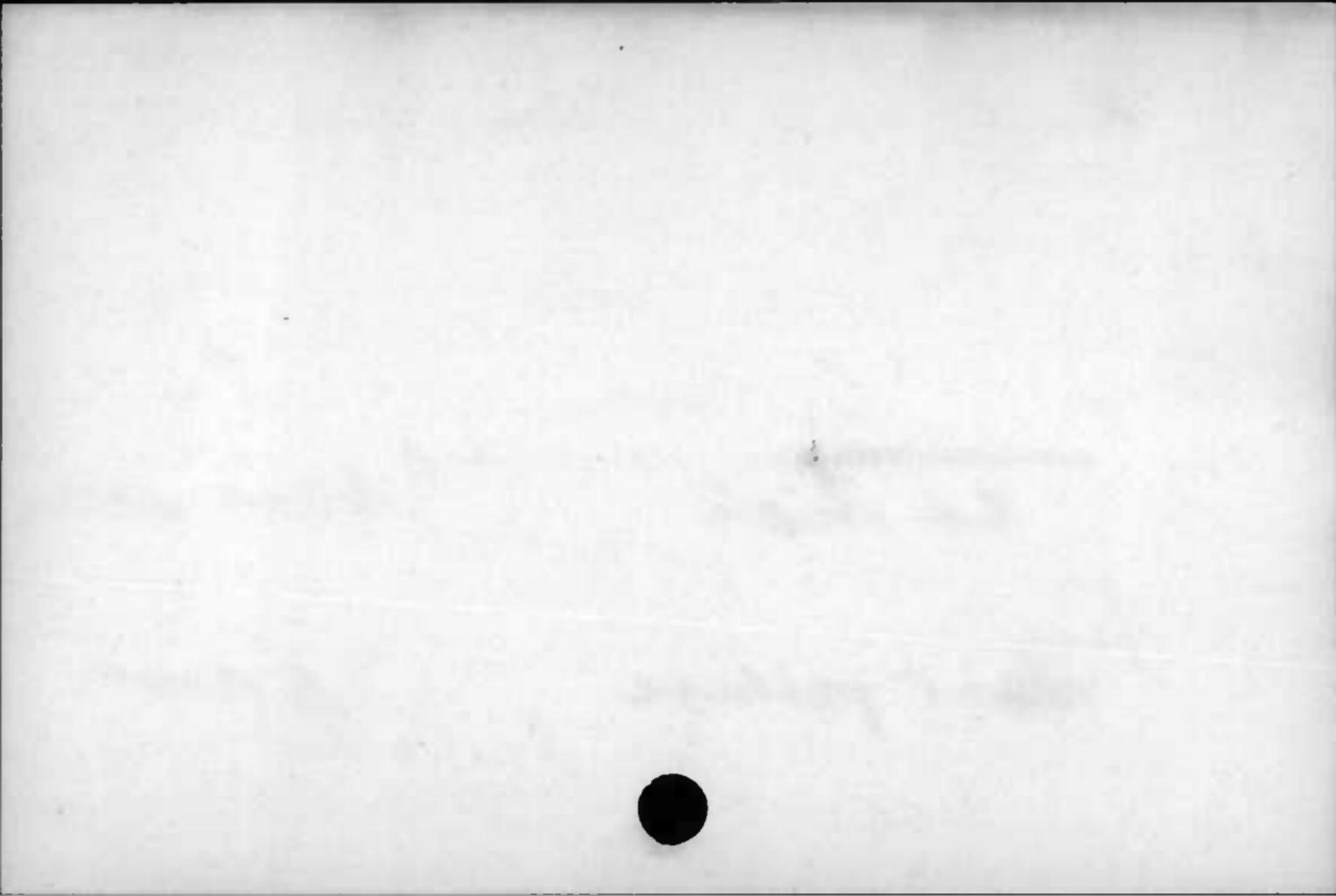
Signature of Physician

Address

W. J. Pratt
Potmane

True Copy wad. H. D.

Accident or Suicide? no



Name
in
Full

Annie Cook

CERTIFICATE OF DEATH

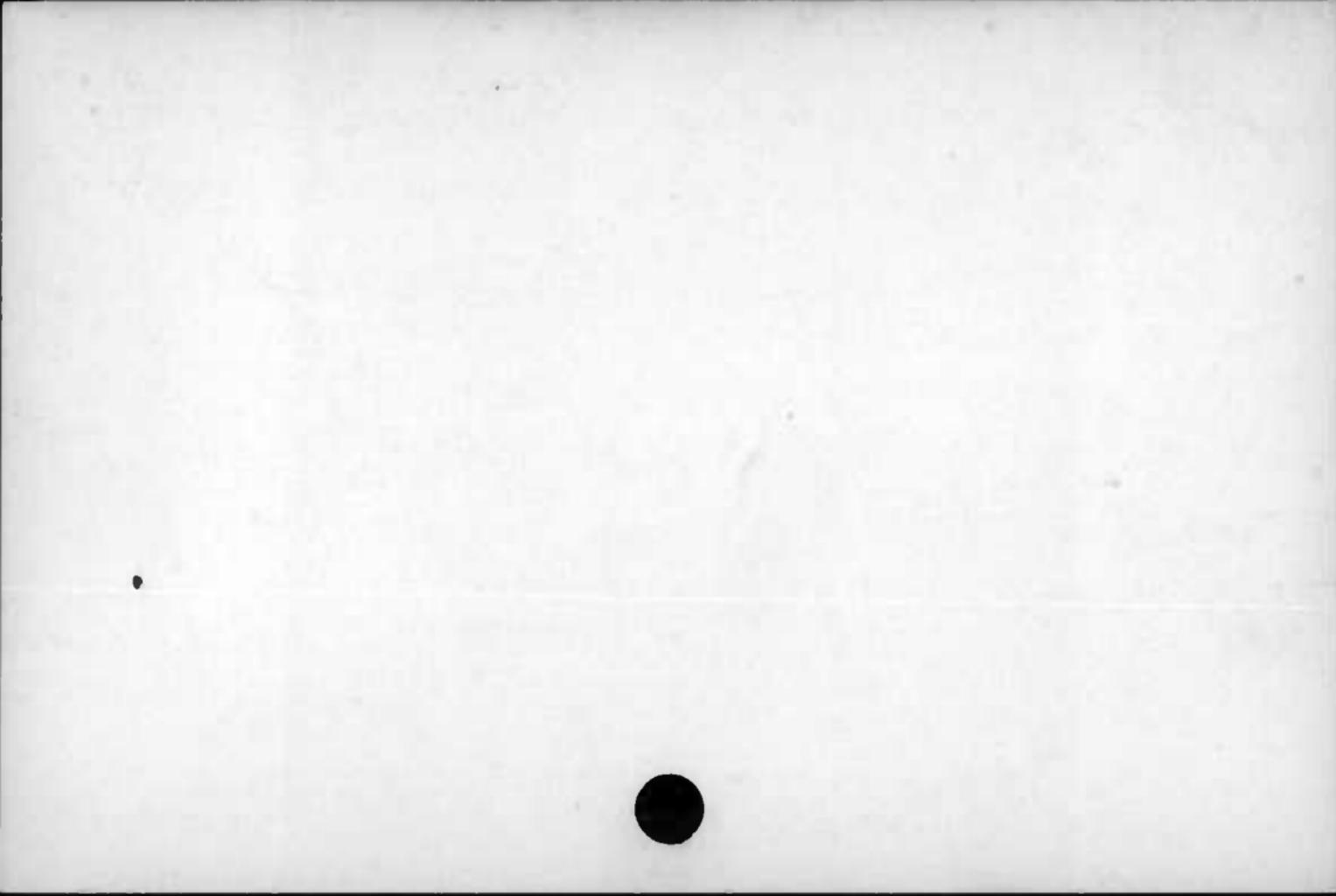
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Years	Months
1907	June	17	—
Day	Age	Days	—
23	17	—	—
Sex	Color or Race	Birth-place	—
Female	Negro	md.	—
Occupation	Where Residing if not at place of death	same	—
none	—	—	—
Married, Single or Widowed	Name of Wife or Husband	—	—
Single	—	—	—
Father's Name	—	Father's Birthplace	md
Mother's Maiden Name	—	Mother's Birthplace	md
Name of person giving Information	—	How related to deceased	—

CAUSES OF DEATH

27

Primary	Pulmonary Tuberculosis	How long
Immediate	Exhaustion	1 yr
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician
Copy: W.L.D.		Address
Accident or Suicide?	No	O. M. Louthram
		Rockville



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

John G. Rosdale

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	1907	Month June	Day 22	Years 84	Months	Days	
Sex	male	Color or Race	white	Birth-place	Pa.		
Occupation	shoe maker			Where Residing If not at place of death			
Married, Single or Widowed	Unknown			Father's Name	Thomas G. Rosdale Pa		
Mother's Maiden Name	Unknown			Mother's Birthplace			
Name of person giving information	Ed Rich			How related to deceased	Son		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

General debility

How long

+ mos.

Immediate

Heart failure

How long

5 days

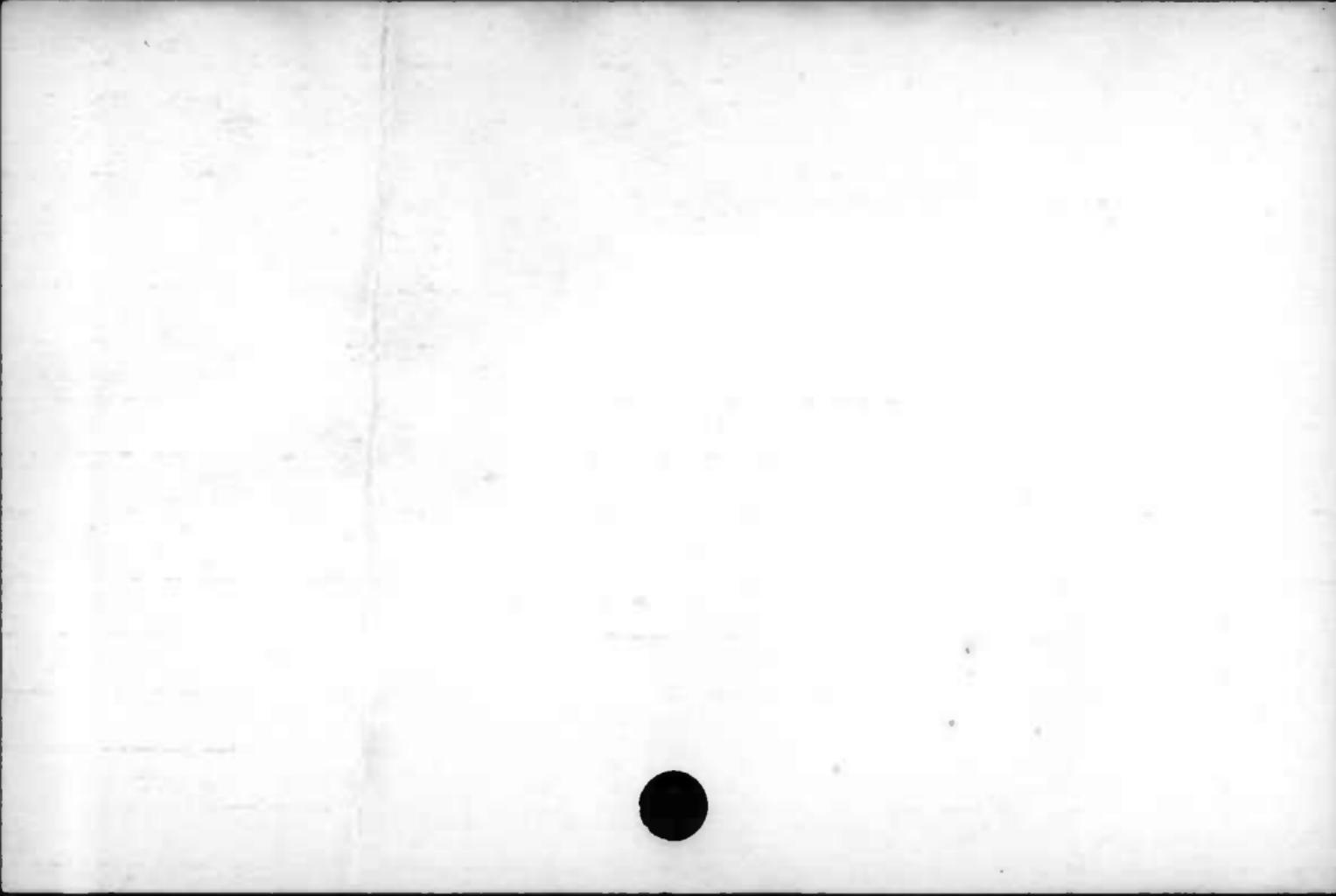
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. R. Patterson
Spencerville
Md

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at	Silver Spring		Town	Donaldson		County	MARYLAND	
Date of death	1907	Month June	Day 4	Age 60	Years 0	Months 0	Days 14 hrs	
Sex	Female		Color or Race	White		Birth-place	Md.	
Occupation			Where Residing if not at place of death					
Married, Single or Widowed	Single		Name of Wife or Husband					
Father's Name	Robert Wilson Donaldson				Father's Birthplace		Idle.	
Mother's Maiden Name	Martha Taylor				Mother's Birthplace		Md.	
Name of person giving information	" " " "		How related to deceased		Mother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary 178 How long

Immediate Synecoke How long

Are the name, age, sex, color, date and place correctly given above?

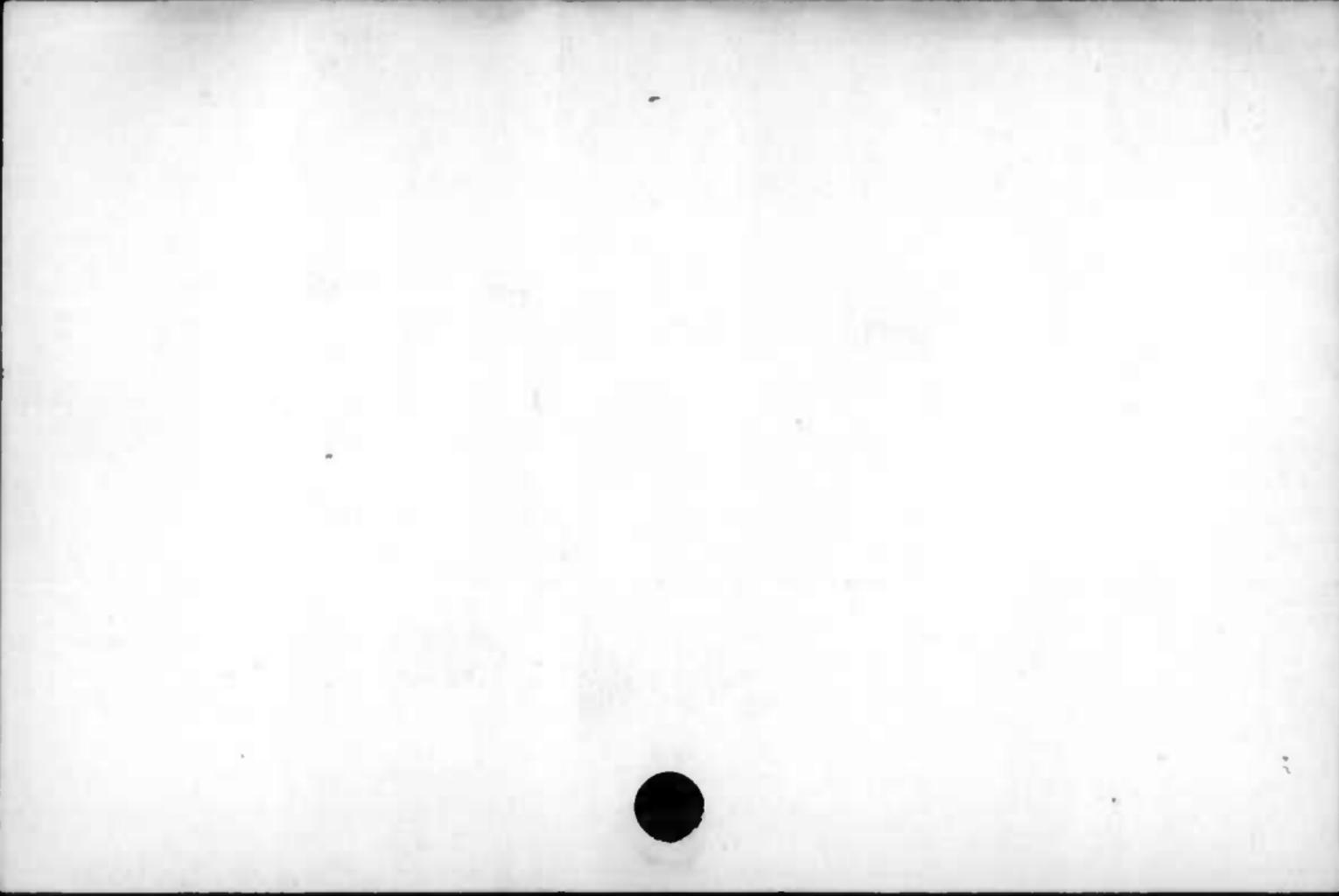
Signature of Physician

Address

Yes.

J. T. Brown
Silver Spring
Md.

Accident or Suicide?



William Edward Easton

CERTIFICATE OF DEATH

Died at Sandy Spring		Town	County		MARYLAND		
Date of death 1907	Month 5	Day 19	Years 58.	Age	Months 5.	Days —	
Sex Male	Color or Race white		Occupation Laborer		Birth-place Howard Co.		
Married, Single or Widowed							
Name of Wife or Husband							
Father's Name	William Easton						
Mother's Maiden Name	Henrietta Easton						
Name of person giving Information	Harry Easton						

CAUSES OF DEATH

112

Primary

Sclerosis of the Liver.

How long

gives history of 10 years

Immediate

Exhaustion and Vomiting

How long

3 weeks

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

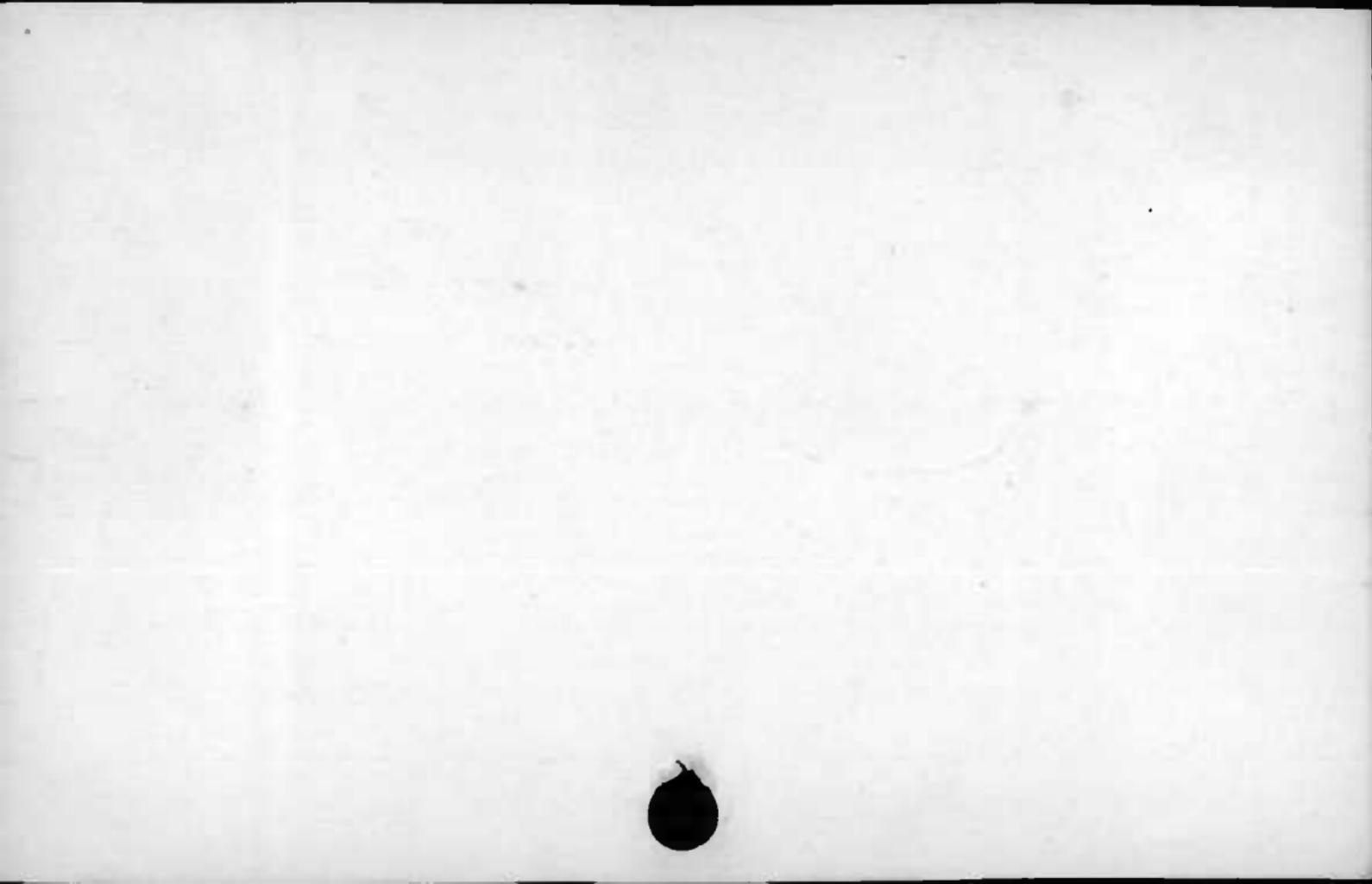
Address

Roger Bowles

Sandy Spring

Md

Accident or Suicide?



Name
in
Full

Anna Elisabeth Engle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Birthplace			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	John P. Engle			Father's Birthplace	W. Va.	
Mother's Maiden Name	Edith R. Williams			Mother's Birthplace	Balt., Md.	
Name of person giving information	Mrs Engle			How related deceased	Daughter	

CAUSES OF DEATH

61

How long

3 wks -

How long

PHYSICIAN
OR CORONER

Primary
Acute Astro Spinal Meningitis

Ex haemorrh

Immediate

Are the name, age, sex, color, date and place correctly given above?

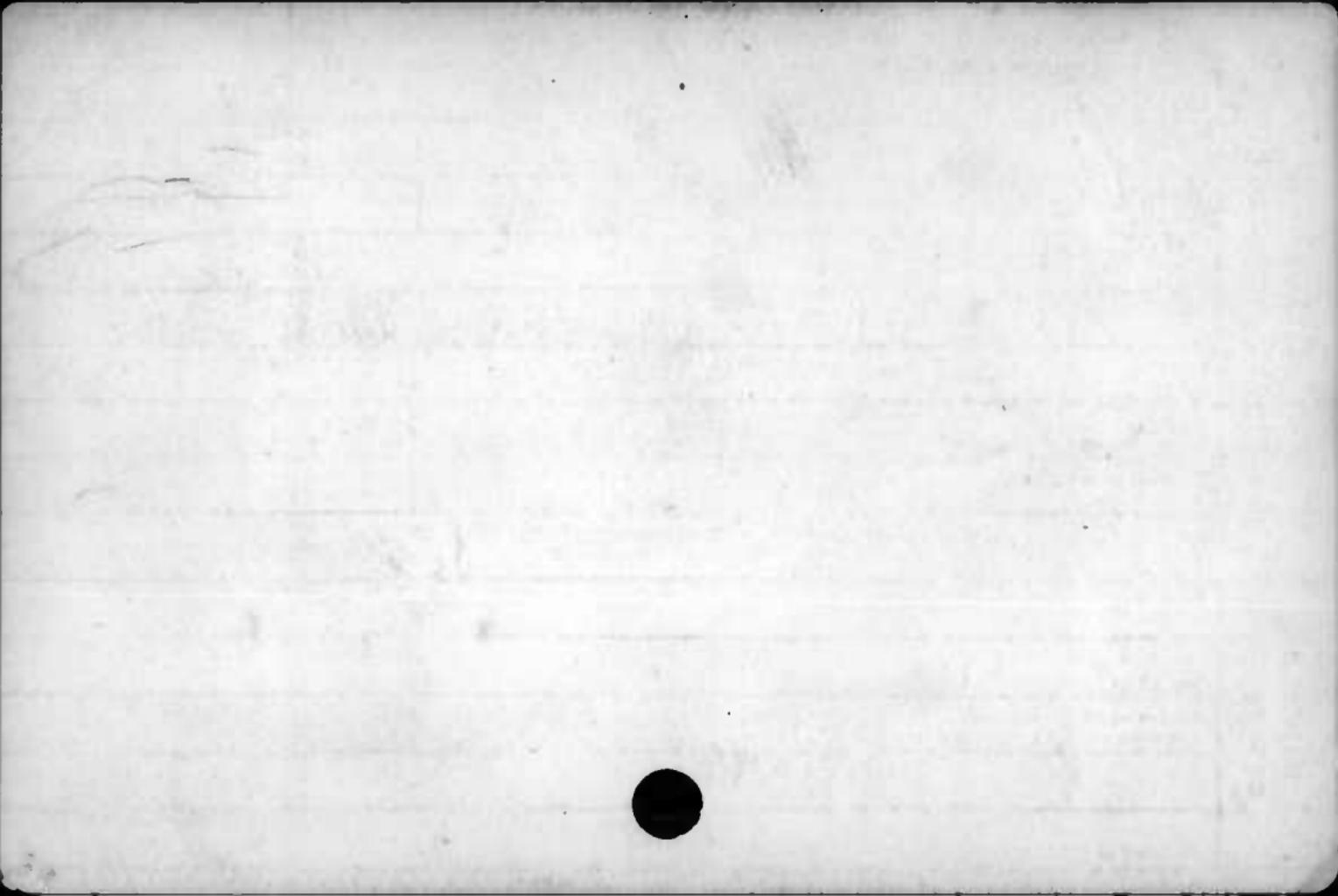
yes

Signature of Physician

H.B. Haddock

Address
Gaithersburg
Md.

Accident or Suicide?



Name
in
Full

Gustavus Flack

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Years	Months	Days
Sex	Color or Race	Age	11	3
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Wheaton Dist.		
Father's Name	— Wolfe			
Mother's Maiden Name	Germany			
Name of person giving information	Germany			
	Nephew			

1907 June 15

Male White

Farmer

Widower

Francis Flack

Elizabeth

V. B. Carr ✓

CAUSES OF DEATH

164

Primary: Depressed Fractured skull, Mr. Flack's horse ran and scalped him from head.
Immediate

How long

How long

away with him.

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

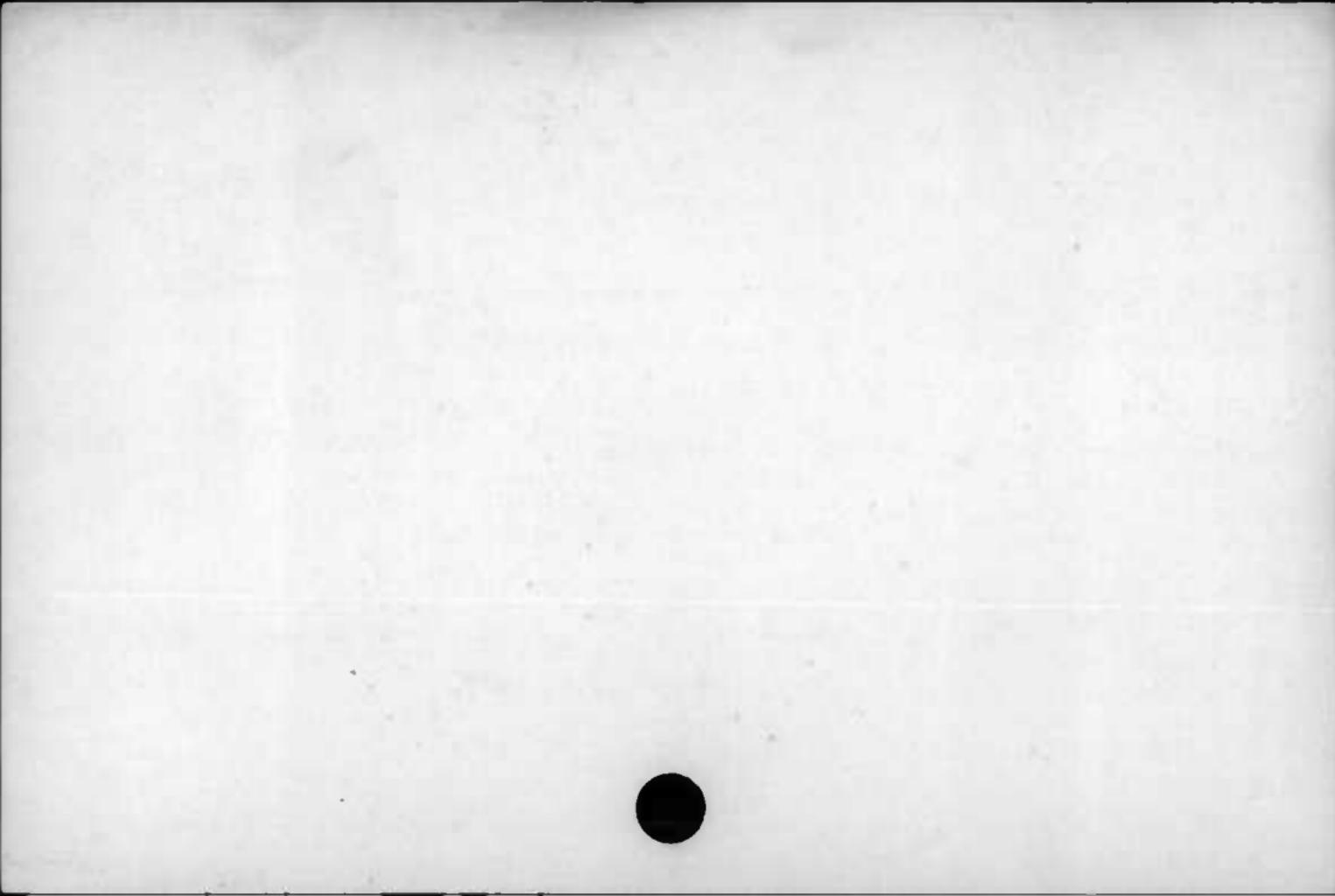
Address

C. H. Mannard
Rockville

Mr. Flack's head struck one of sharp stones on public road.

Accident or Suicide?

Accident



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

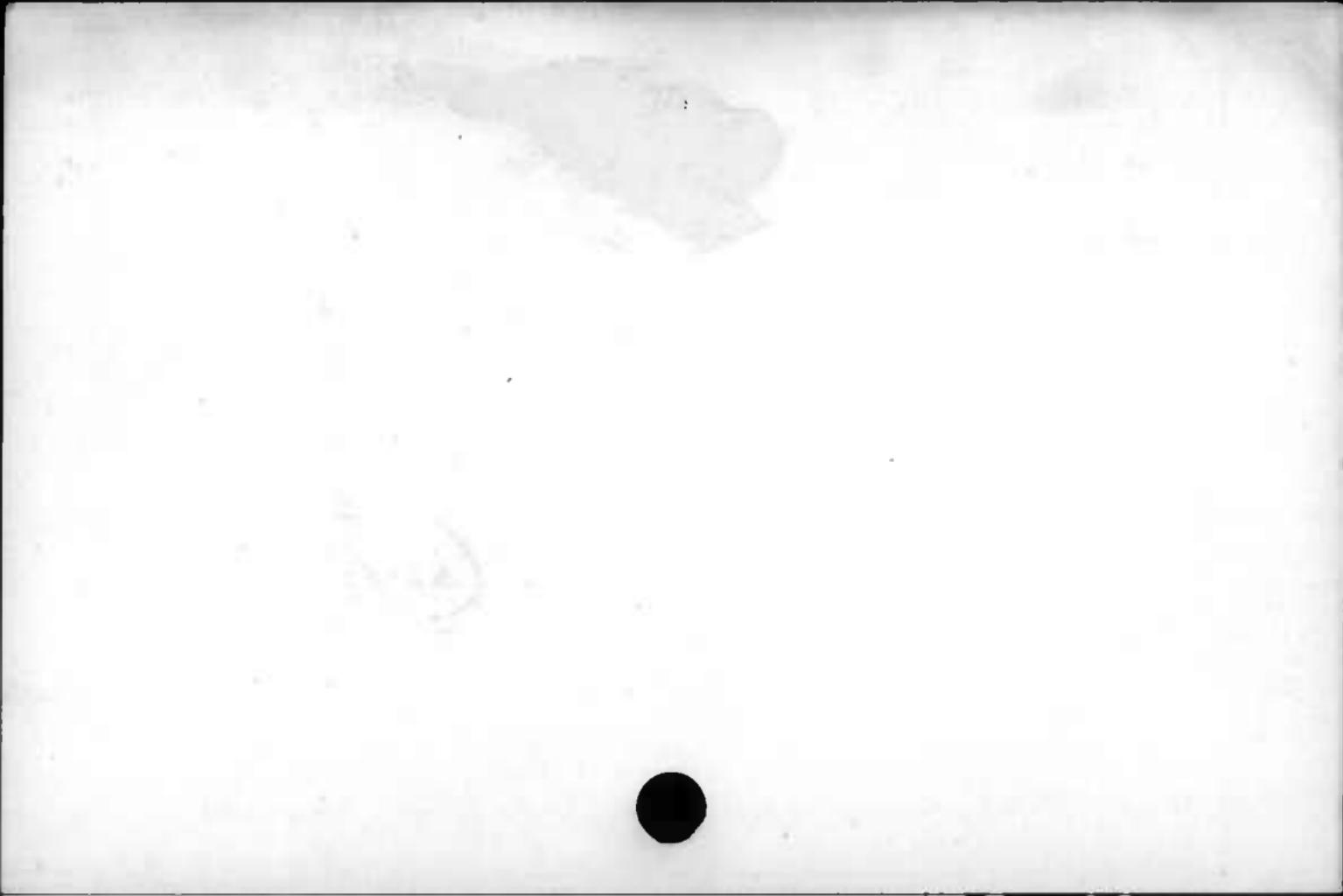
CERTIFICATE OF DEATH

Died at <i>Cabin</i>	Town	County <i>Montgomery</i>	MARYLAND	
Date of death 1907	Month <i>JUN</i>	Age 76 Years	Months	Days
Sex <i>Male</i>	Color or Race <i>Black</i>	Birth- place <i>Va</i>		
Occupation <i>farmer</i>	Where Residing if not at place of death <i>Catherine St</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Catherine St</i>	Father's Name <i>Don't Know</i>	Father's Birthplace <i>Don't Know</i>	
Mother's Maiden Name <i></i>		Mother's Name <i>Don't Know</i>	Mother's Birthplace <i>Don't Know</i>	
Name of person giving Information <i>John H. Try</i>			How related to deceased <i>Son</i>	

CAUSES OF DEATH

Primary <i>Bright's Disease</i>	(120)	How long <i>3 years</i>
Immediate <i>Wraetic Convulsions</i>		How long <i>Four hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. J. Pratt-</i>	Address <i>Potowmack</i>
Accident or Suicide?	Md	

PHYSICIAN
OR CORONER



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND.

Name Kamelia Gartrell				CERTIFICATE OF DEATH		
Died at	Town Kunità	County Montgomery	MARYLAND			
Date of death	Month June	Day 22	Years Age 81	Months	Days	
Sex	Female	Color or Race	White	Birth- place		
Occupation	Farmers wife			Where Residing if not at place of death		
Married, Single or Widowed	Widowed	Name of Wife or Husband	Brushrod Gartrell			
Father's Name	William Pitt Watkins			Father's Birthplace		
Mother's Maiden Name	Harriet Burgess -			Mother's Birthplace		
Name of person giving Information	H. C. Spurrier			How related to deceased	None	

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary

Organic Heart Disease 1 year

Immediate

Indigestion

How long

12 hours

Are the name, age, sex, color, date
and place correctly given above?

yes

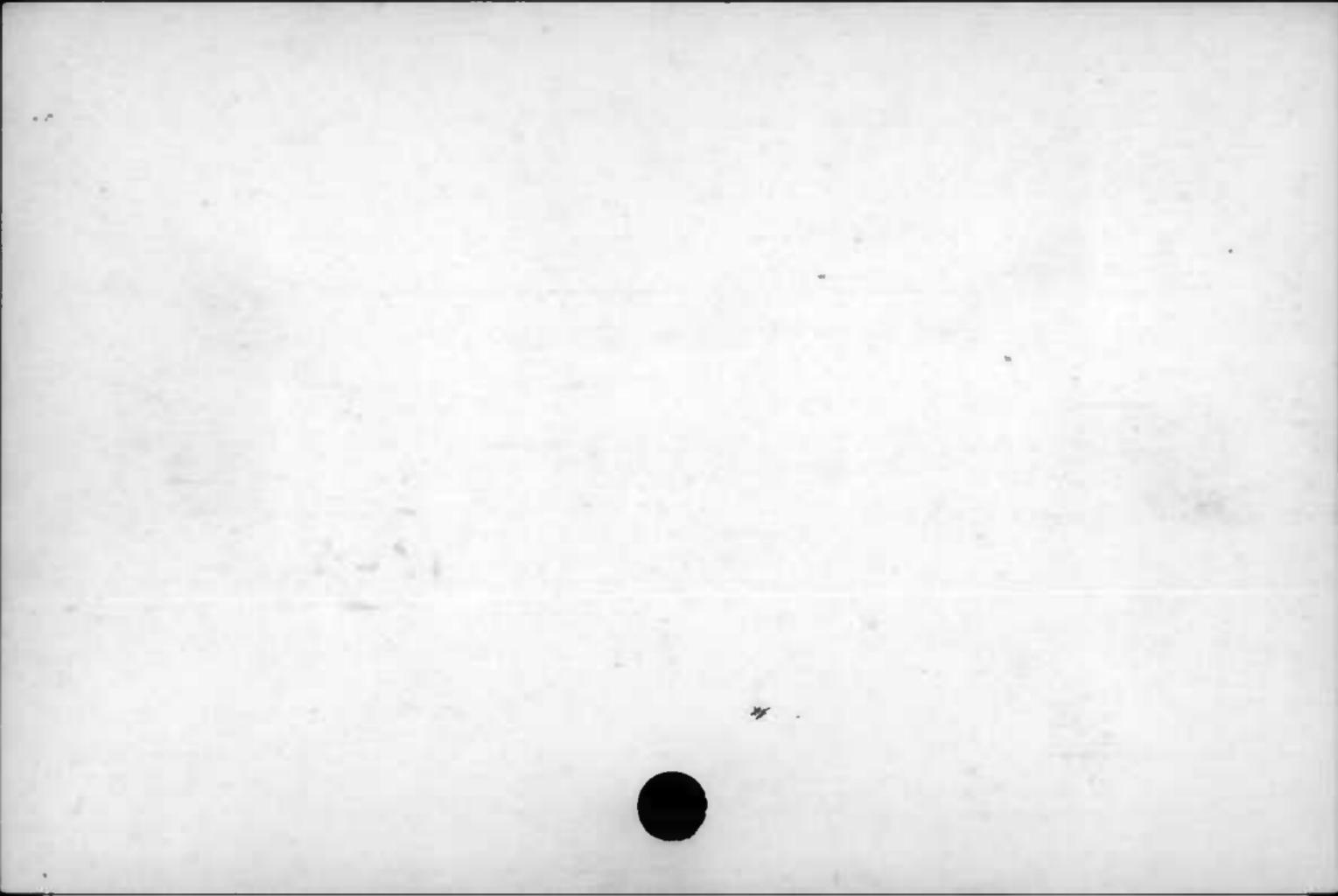
Signature of
Physician

H. C. Spurrier

Address

Kunità

Accident or Suicide?



Reason Thatera Hardisty

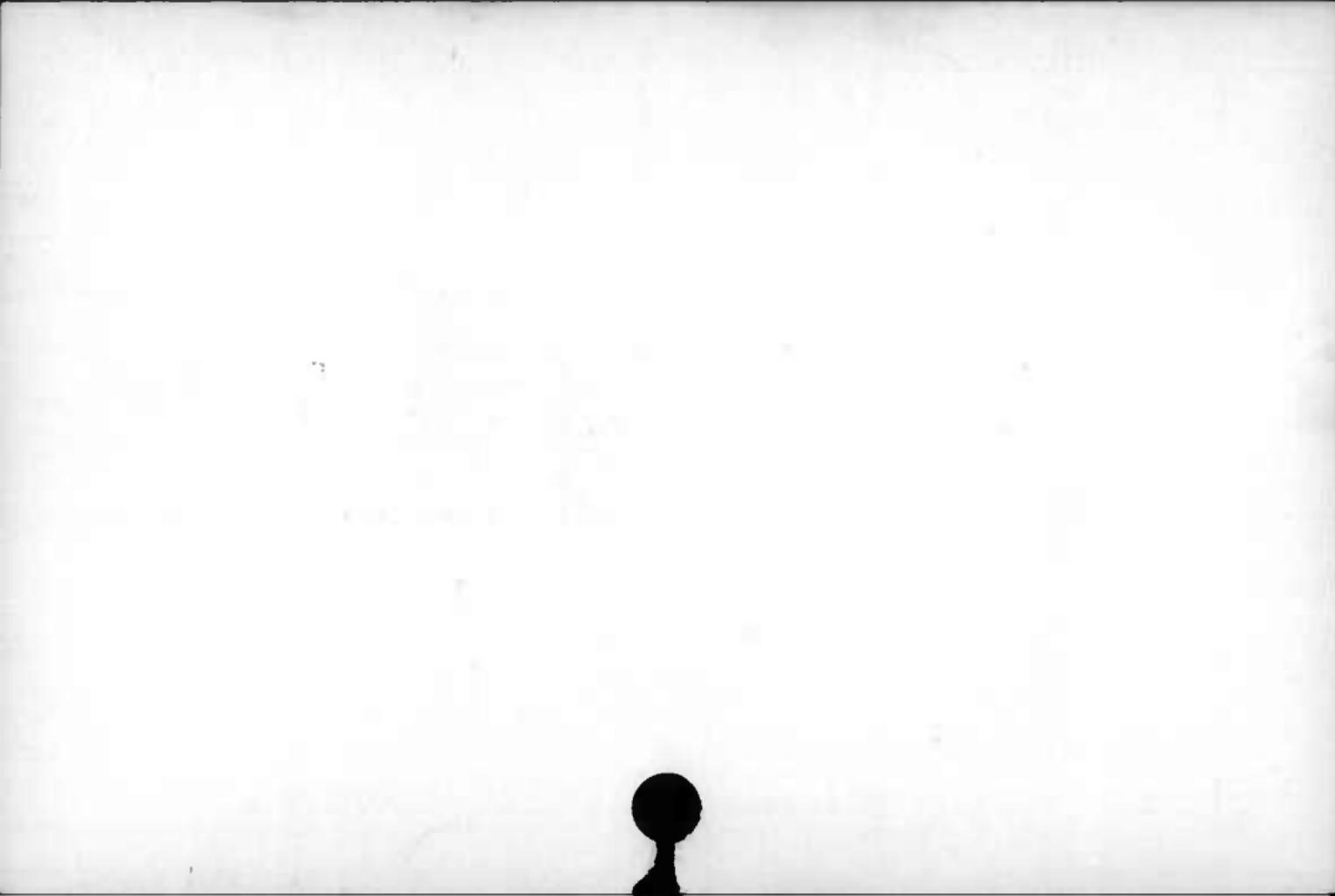
CERTIFICATE OF DEATH

MARYLAND

Died at	Silver Spring	Town	Montgomery	County	
Date of death	1907 June 13	Month	Day	Years	Months
Sex	Male	Color or Race	White	Age	69
Occupation	Hell-digger	Where Residing if not at place of death			Birth-place
Married, Single or Widowed	Married	Name of Wife or Husband	Elizabeth Hopkins		
Father's Name	Thos. Hardisty				Father's Birthplace
Mother's Maiden Name	Mary Ann Thatera				Mother's Birthplace
Name of person giving information	Mrs. Penn.				How related to deceased

CAUSES OF DEATH

Primary	Lobar Pneumonia	(93)	How long	3 weeks
immediate	Pleuro-pneumonia with Effusion		How long	3 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	H. T. Brown	
Yes.		Address	Silver Spring Md.	
Accident or Suicide?				



Name
in
Full

William Hawkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>near Durwood</u>			County <u>Montgomery</u>	MARYLAND	
Died at	Month <u>6</u>	Day <u>4</u>	Years <u>30</u>	Months	Days
Date of death <u>1907</u>			Age		
Sex <u>Male</u>	Color or Race <u>Negro</u>			Birth-place <u>Maryland</u>	
Occupation <u>Laborer</u>			Where Residing if not at place of death	<input checked="" type="checkbox"/>	
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband				
Father's Name <u>Hillery Hawkins</u>				Father's Birthplace <u>Maryland</u>	
Mother's Maiden Name <u>White</u>				Mother's Birthplace <u>Maryland</u>	
Name of person giving information				How related to deceased	<u>Not at all</u>
Beall					

CAUSES OF DEATH

27

How long

ix months

How long

Primary

Pulmonary Tuberculosis

Immediate

Obstruction

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

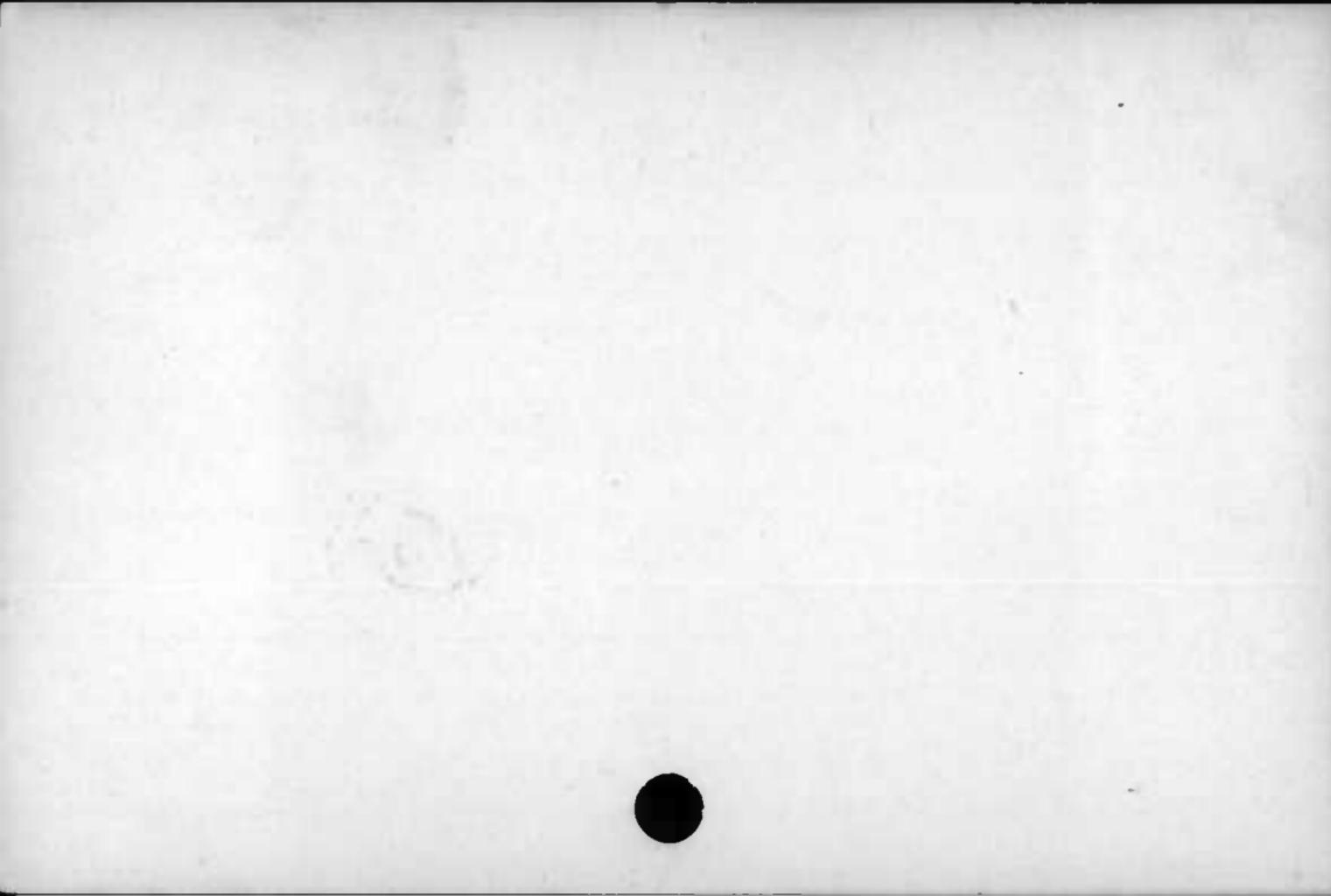
Address

Edward Anderson M.D.

Bethesda Md.

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Earlieu Jackson
Town _____ County _____
Died at _____

CERTIFICATE OF DEATH

MARYLAND

Date of death 1907 Month 6 Day 10 Years 4 Months — Days —

Sex Female Color or Race Negro Birthplace Md.

Occupation Nurse Where Residing if not at place of death

Married, Single or Widower

Name of Wife or Husband

Father's Name

Wm. Jackson

Father's Birthplace

Md.

Mother's Maiden Name

Happet Mason

Mother's Birthplace

Md.

Name of person giving information

Physician

How related to deceased

None

CAUSES OF DEATH

(27)

Primary

Pulmonary tuberculosis

How long

3 months

Immediate

Asthma

How long

12 hrs.

Are the name, age, sex, color, date and place correctly given above?

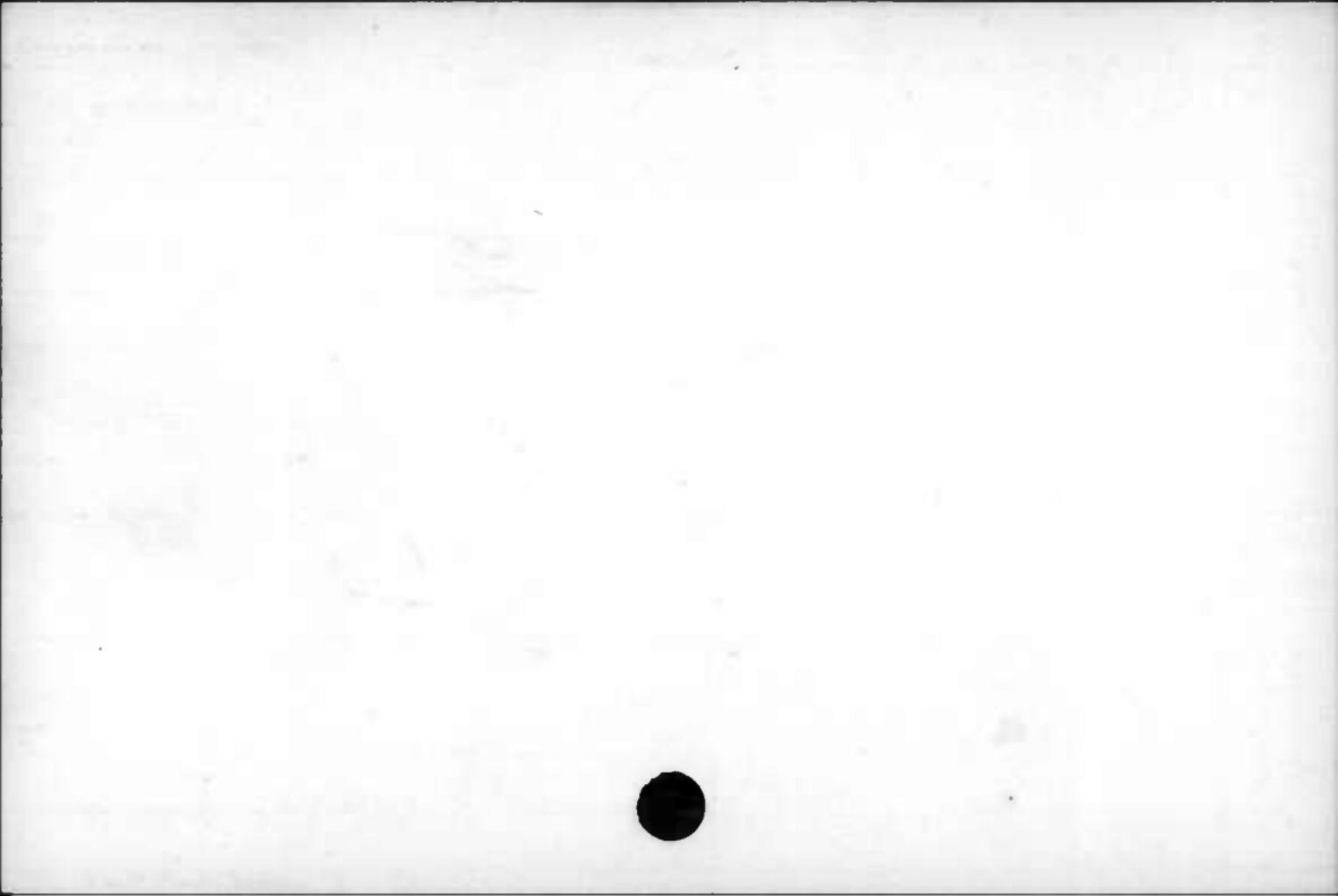
Yes.

Signature of Physician

Address

J. D. Louise M.D.
Densoult M.D.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Jos & Los Jenkins

Town

County

MARYLAND

Died at Dawsonville

Month

Date of death 1907

Month

Day

Years

Months

Days

10

Age 10

9

1

Sex Male

Color or Race

Birthplace

Negro.

Md.

Occupation House

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's Birthplace

Father's Name Jos Jenkins

Md.

Mother's Maiden Name Mary Greene

Md.

Name of person giving
Information Physician

How related
to deceased

none.

CAUSES OF DEATH

27

How long

Primary Pulmonary tuberculosis

6 mos.

Immediate Asthma

How long

24 hr

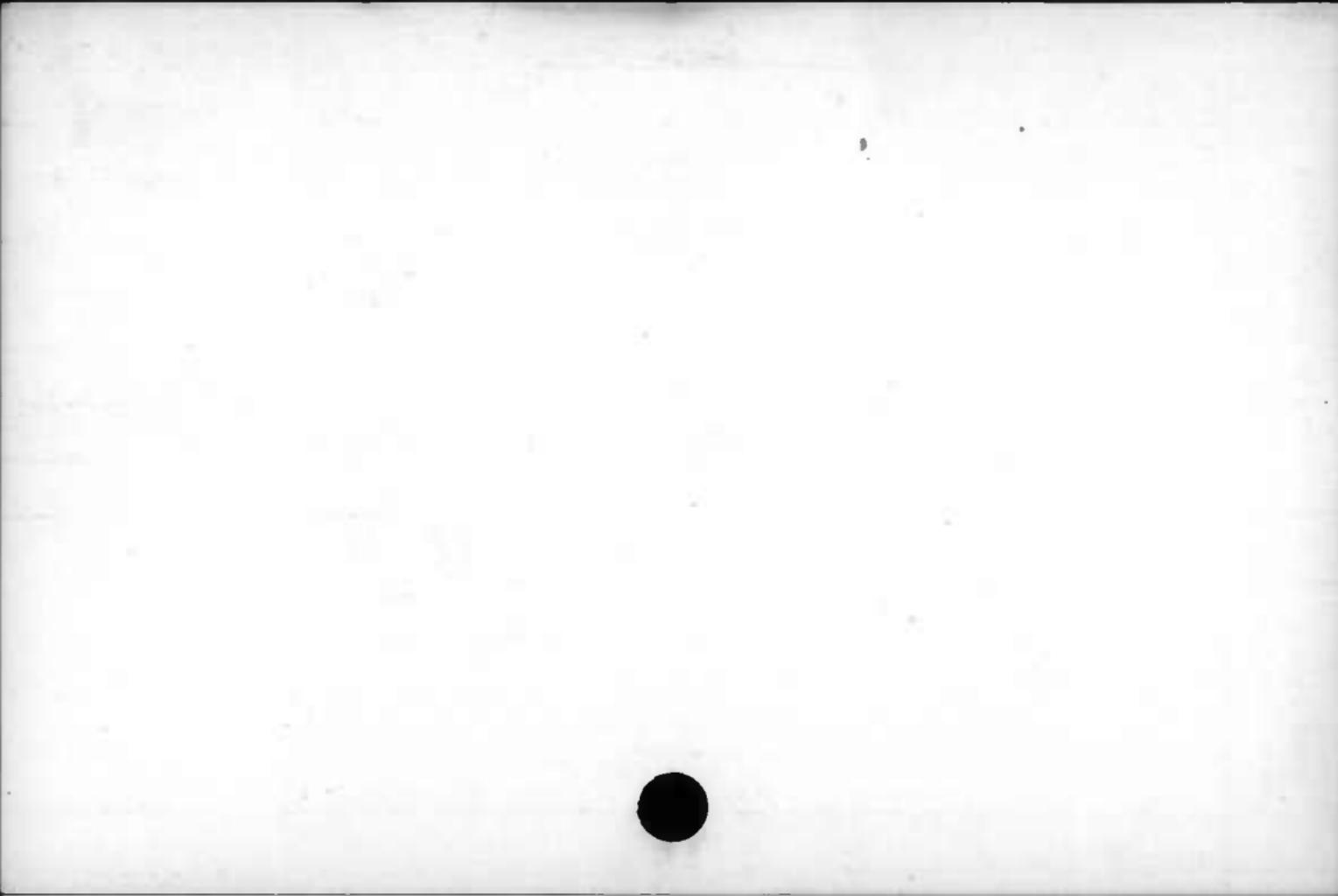
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

J. D. Moulton, M.D.
Dawsonville Md.

Accident or Suicide?



Name
in
Full

Nattee R. Kefauver

CERTIFICATE OF DEATH

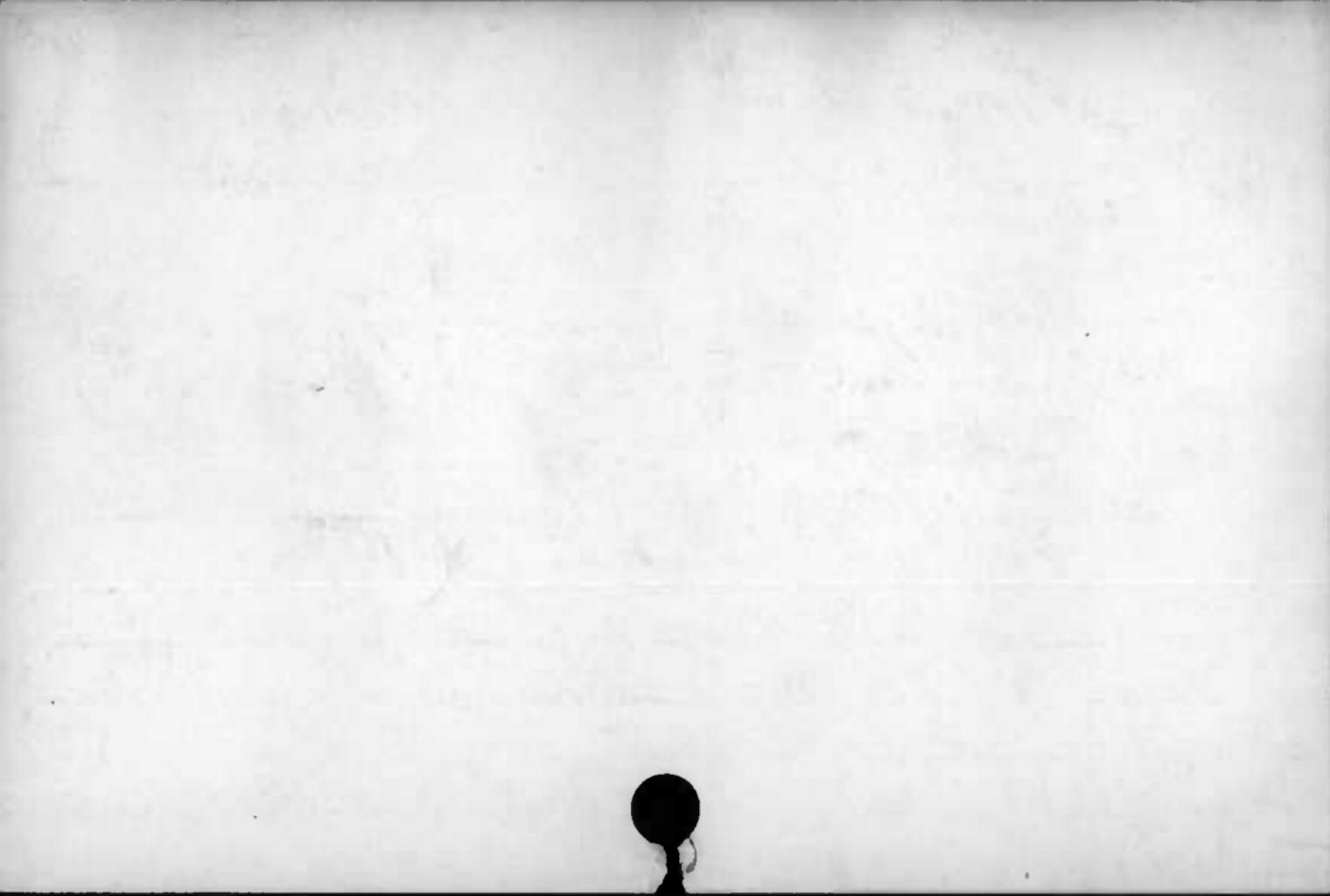
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Bethesda	Bethesda	Montgomery	-	-	-
Date of death	Month	Day	Years	Months	Days
1907	6	23	Age 26	-	-
Sex	Female	Color or Race	white	Birth- place	Montg. Co. Md.
Occupation	House-wife				
Married, Single or Widowed	Married	Name of Wife or Husband	Joseph L. Kefauver		
Father's Name	Wm Penshaw				
Mother's Maiden Name	Hoffner				
Name of person giving Information	Jacob Kefauver				
CAUSES OF DEATH					
Primary	Heart Disease				
Immediate	Heart Failure				
Are the name, age, sex, color, date and place correctly given above?			yes	Signature of Physician	79
				Address	How long
				John L Lewis MD,	not known
				Bethesda	1 1/2 hours
					MD

PHYSICIAN
OR CORONER

Accident or Suicide?

no



Name
in
Full

Henrietta Reeves

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at New London — Town		County		MARYLAND	
Date of death 1907	Month 6	Day 30	Years 13	Months	Days
Sex Female	Color or Race white	Birthplace Md			
Occupation None		Where Residing if not at place of death Don't know			
Married, Single or Widowed married	Name of Wife or Husband	Father's Birthplace Don't know			
Father's Name	Mother's Birthplace Don't know				Mother's Maiden Name Don't know
Name of person giving information		How related to deceased			

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary

Chronic dyspepsia

How long

Several years

Immediate

Exhaustion

How long

x

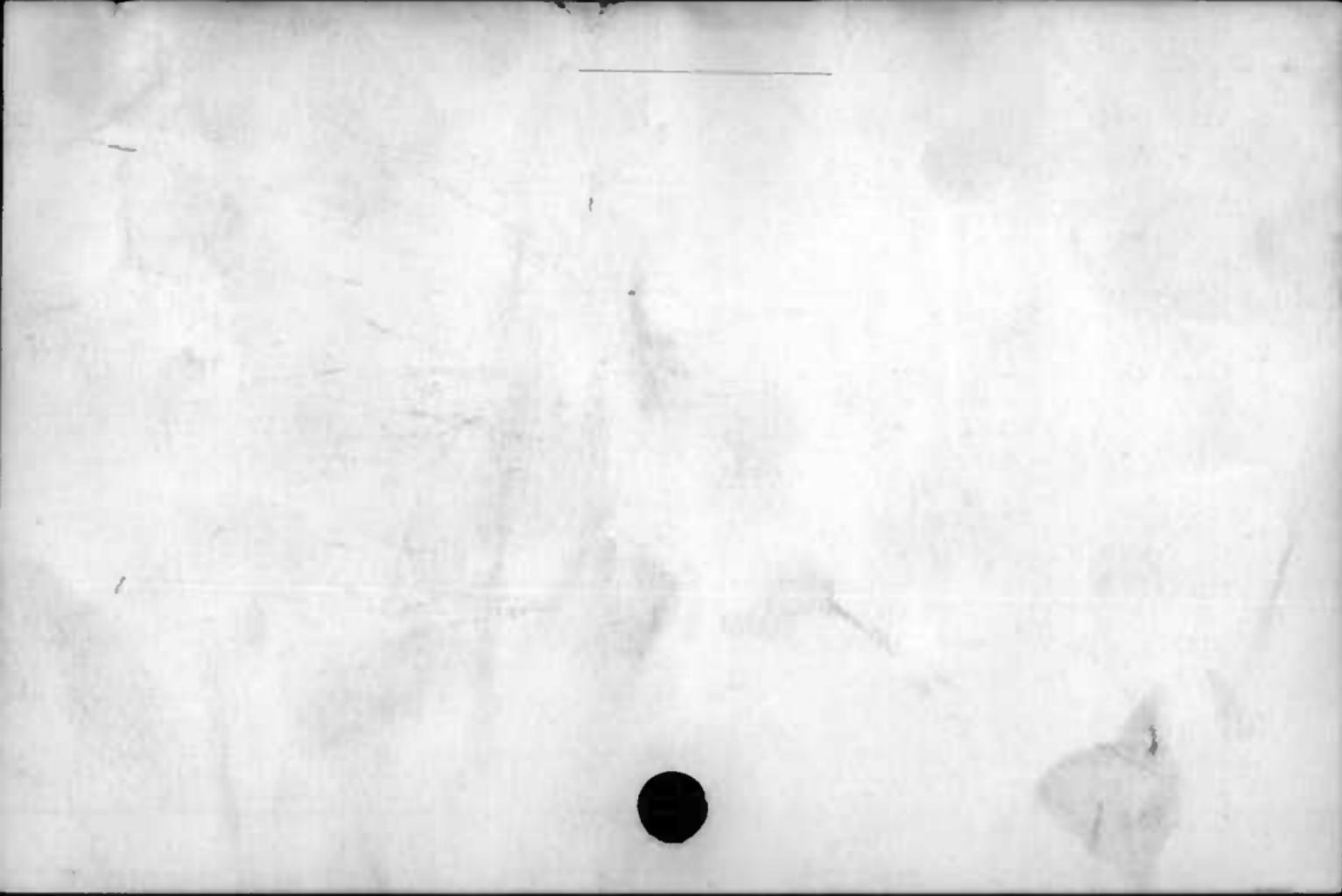
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

O. M. Pincham
Reedville
Md

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

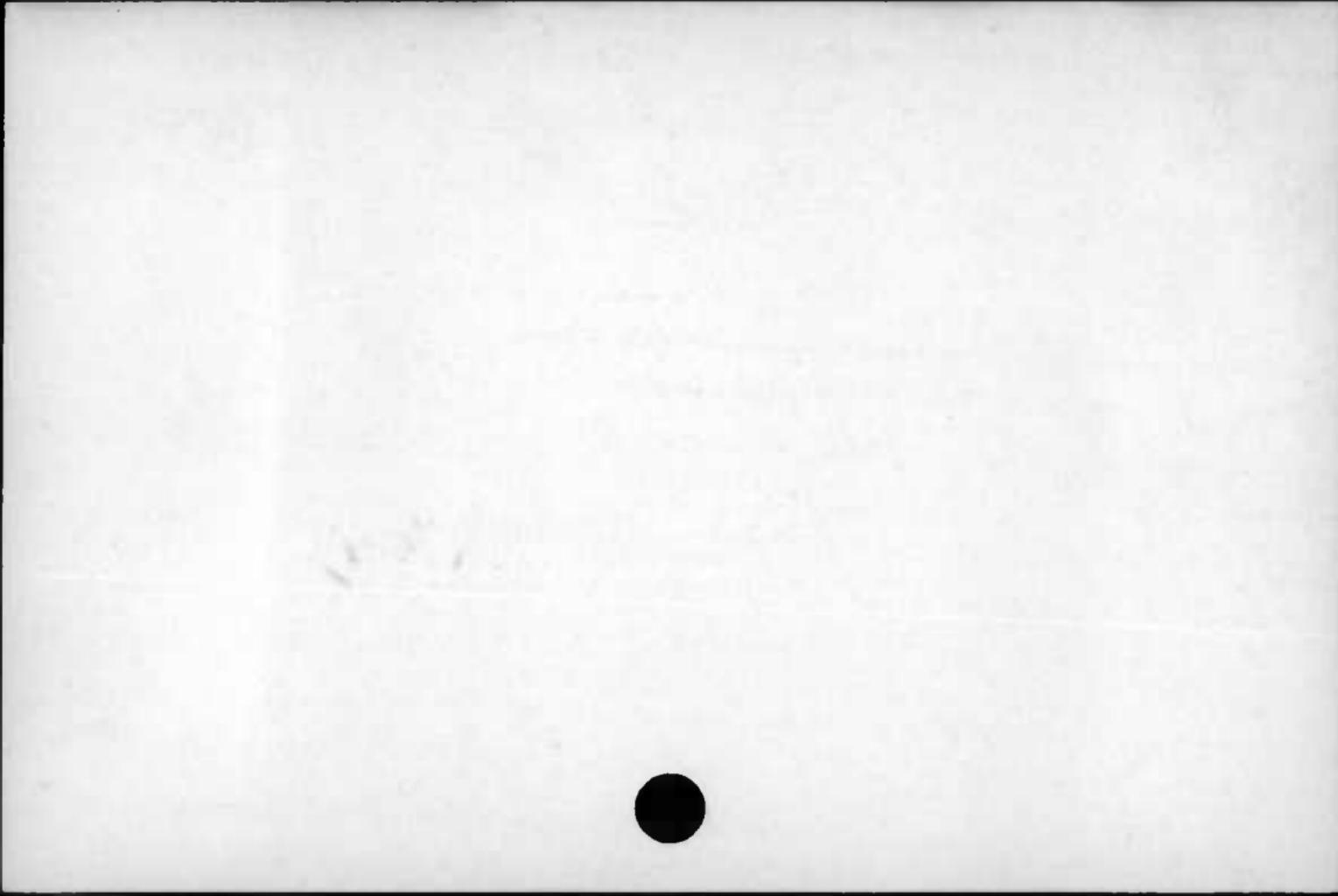
CERTIFICATE OF DEATH					
Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth- place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Name of Deceased			
Father's Name	Don't Know				
Mother's Maiden Name	Xabuene				
Name of person giving Information	Richard Wright				

CAUSES OF DEATH

64

Primary	Cerebral Hemorrhage	How long	1 yr
Immediate	Paralysis	How long	1 yr
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
	W. L. Lewis, M.D. Kingsbury, Md.		

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Minneapolis					CERTIFICATE OF DEATH	
Died at Stillborn dead newborn		Town	County		MARYLAND	
Date of death 1907	Month 6	Day 12	Age	Years	Months	Days
Sex Female	Color or Race white		Birth-place MD			
Occupation —	Where Residing if not at place of death —					
Married, Single or Widowed —	Name of Wife or Husband —		(S)	Father's Name Jno S Munroes	Father's Birthplace Dug	
Mother's Maiden Name Alice Green	(S)		Mother's Name Alice Green	Mother's Birthplace Dug		
Name of person giving Information	How related to deceased					

CAUSES OF DEATH (S)

Primary

Stillborn

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

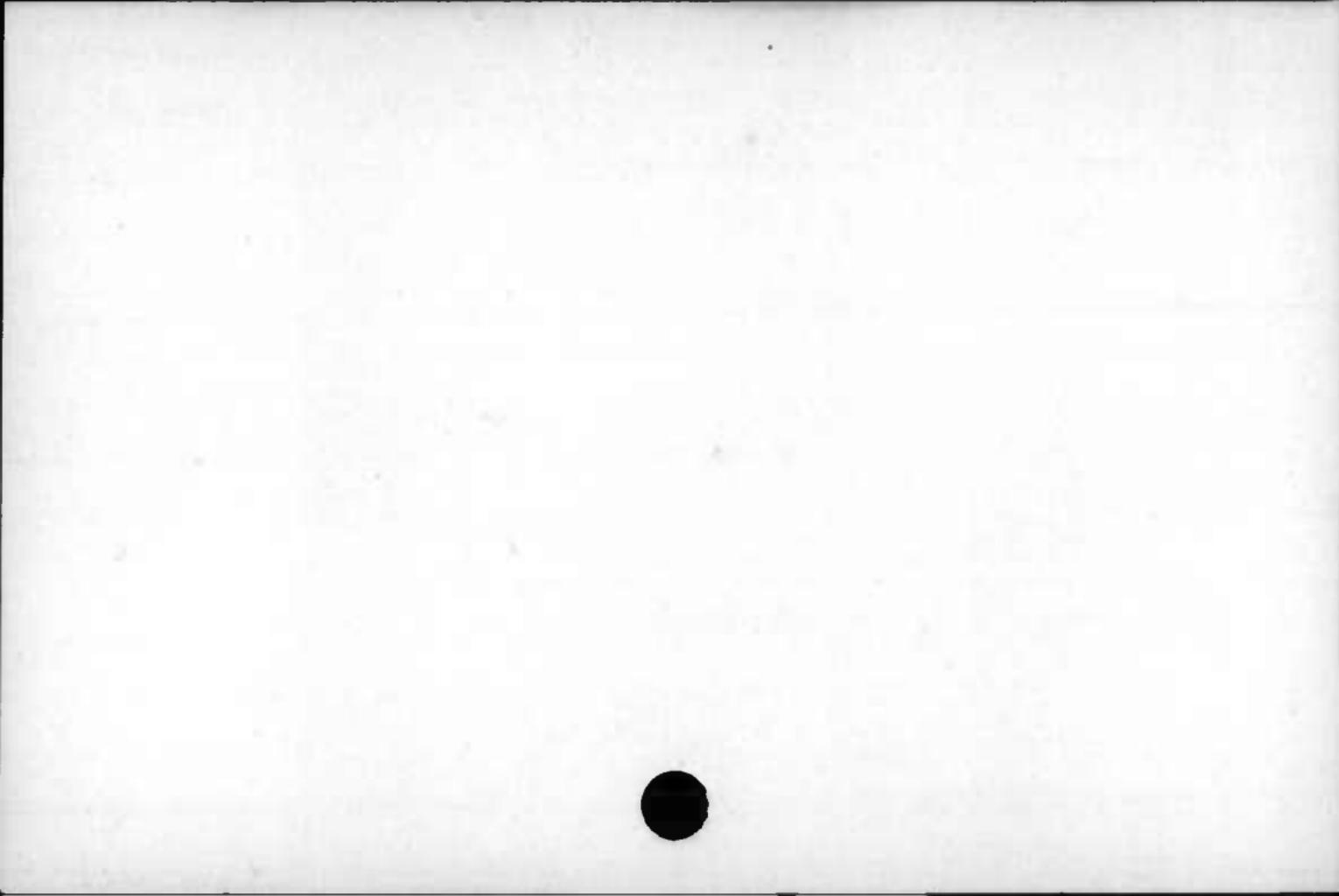
Signature of
Physician

Address

A. M. Micham
Rockville
Md

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

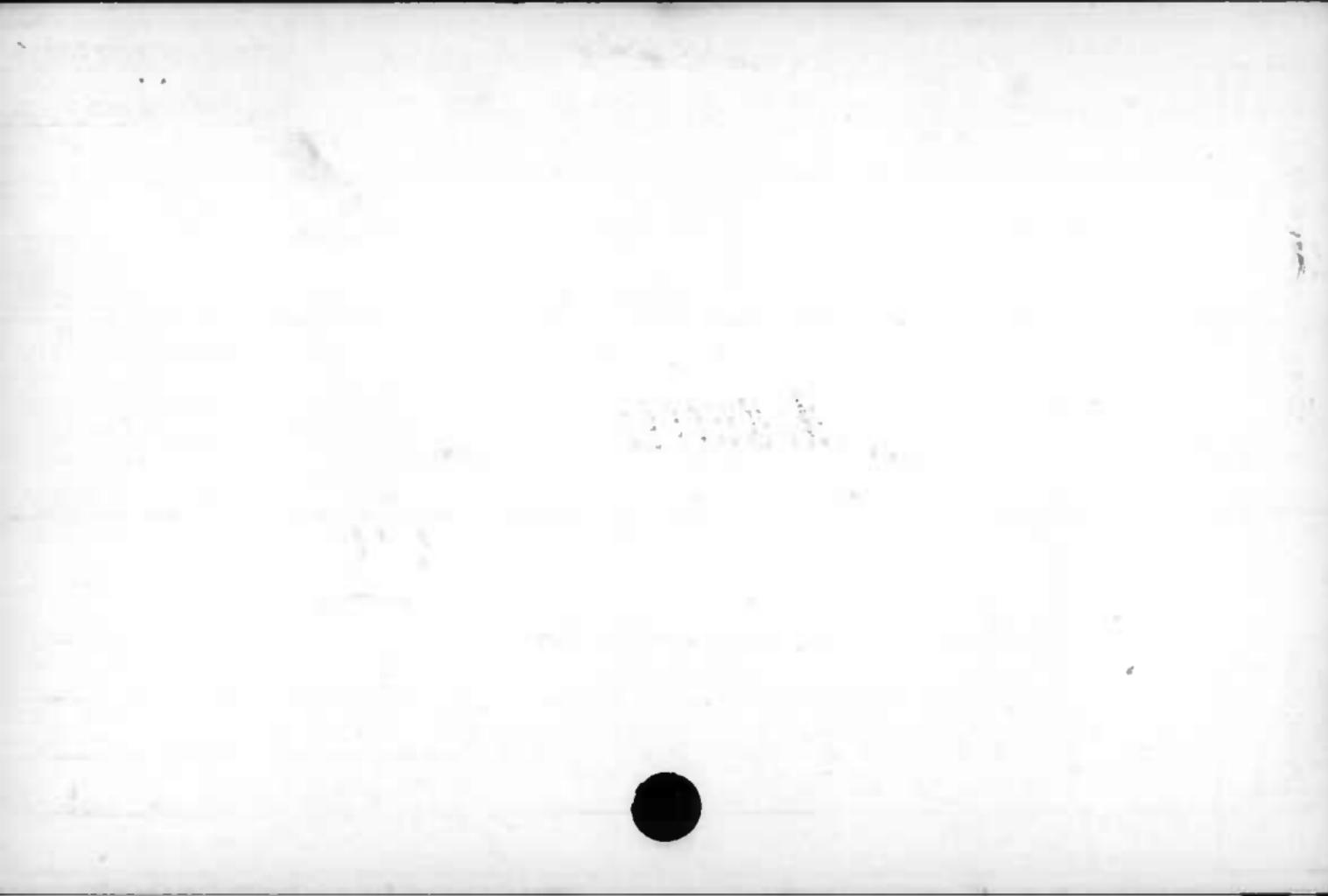
MARYLAND

Died at	Sugarland.		County			
Date of death	Month	Day	Years	Months	Days	
Sex	Female		Age			
Occupation			Color or Race			
Married, Single or Widowed	—		Name of Wife or Husband			
Father's Name	John H. Moore		Father's Birthplace	Md.		
Mother's Maiden Name	Harriet Brandt		Mother's Birthplace	Md.		
Name of person giving information	Physician		How related to deceased	None —		

CAUSES OF DEATH

104

Primary	Acute indigestion		How long	2 da.	
Immediate	Unknown —		How long	—	
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	W.D. Young M.D.	
			Address	Dawsonville Md.	
Accident or Suicide?					



Name
in
Full

Joseph Newman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1907	Month June	Day 3	Years 57	Months	Days
Sex Male	Color or Race Colored	Birth-place Virginia			
Occupation Farmer	Where Residing if not at place of death				
Married, Single or Widowed Married	Name of Wife or Husband Martha Newman				
Father's Name - Arlington	Father's Birthplace Va				
Mother's Maiden Name Arlington	Mother's Birthplace Va				
Name of person giving information Martha Newman	How related to deceased wife				

CAUSES OF DEATH

(40)

PHYSICIAN
OR CORONER

Primary

Gastric Cancer

How long

About 18 mos

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

John L. Lewis M.D.
Bethesda Md.

Accident or Suicide?

No



Name
in
Full

Samuel Oreson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1907	Month June	Day 29	Years 74	Months 3	Days 2
Sex Male	Color or Race White	Birth-place Va.			
Occupation Farmer	Where Residing if not at place of death				
Married, Single or Widowed Married	Name of Wife or Husband Margaret Oreson	Father's Birthplace Va.			
Father's Name Abel Oreson	Mother's Birthplace "				
Mother's Maiden Name Catharine Huff	How related to deceased Wife				
Name of person giving Information Margaret Oreson					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary

Immediate

Paralysis of Heart

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Yes

How long

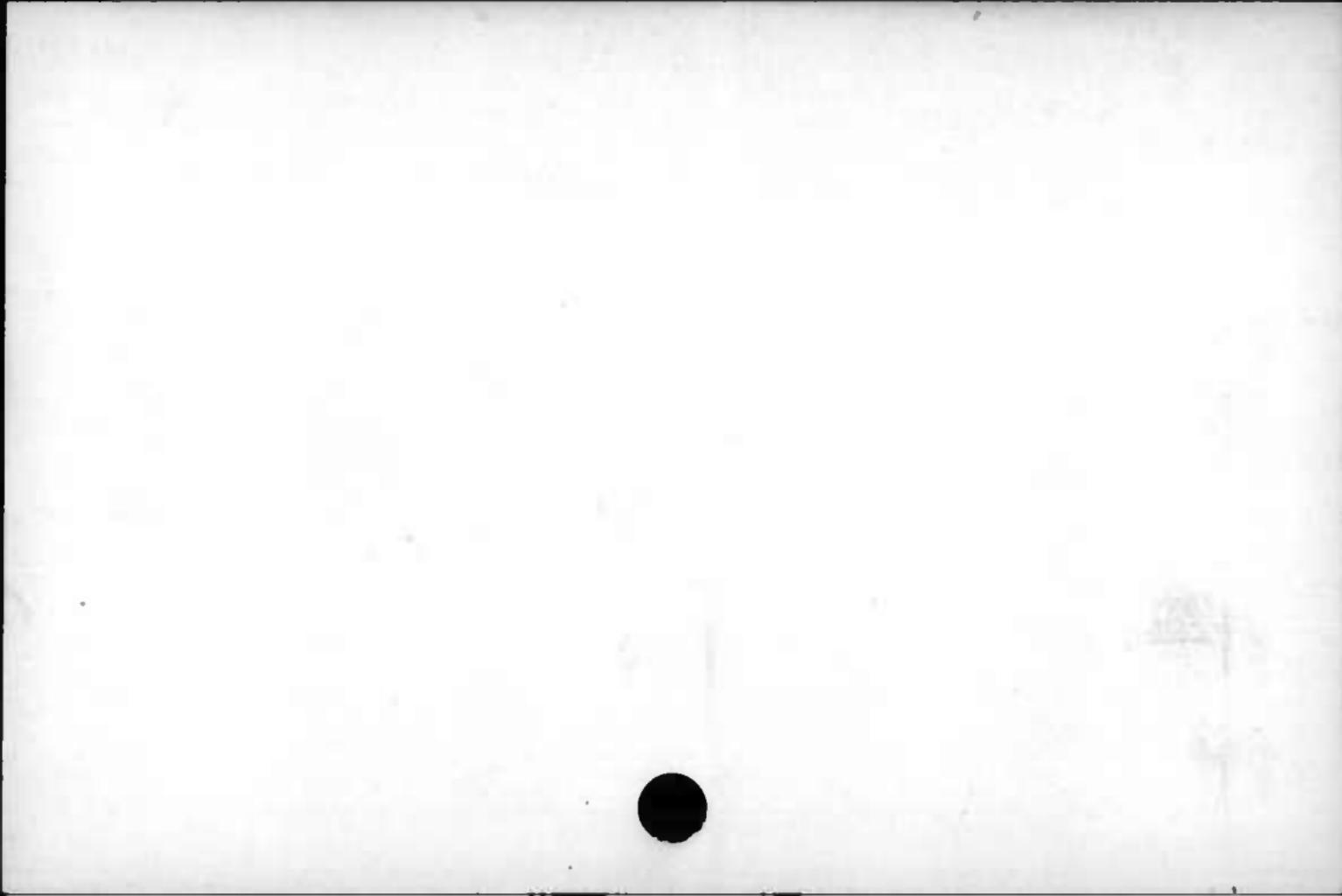
How long

A few minutes

H. T. Brown

Silver Spring
Md

Accident or Suicide?



Name
in
Full

Samuel A. Phillips

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	white	Birth-place	7 Bed.		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Mary E Phillips				
Father's Name	W Phillips					Father's Birthplace
Mother's Maiden Name	Caroline Fudge					Mother's Birthplace
Name of person giving Information	Geo E Phillips					How related to deceased

CAUSES OF DEATH

120

How long

1 yr

How long

3 days

Primary

Chronic Bright's Dis

Immediate

Convulsions & Coma

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

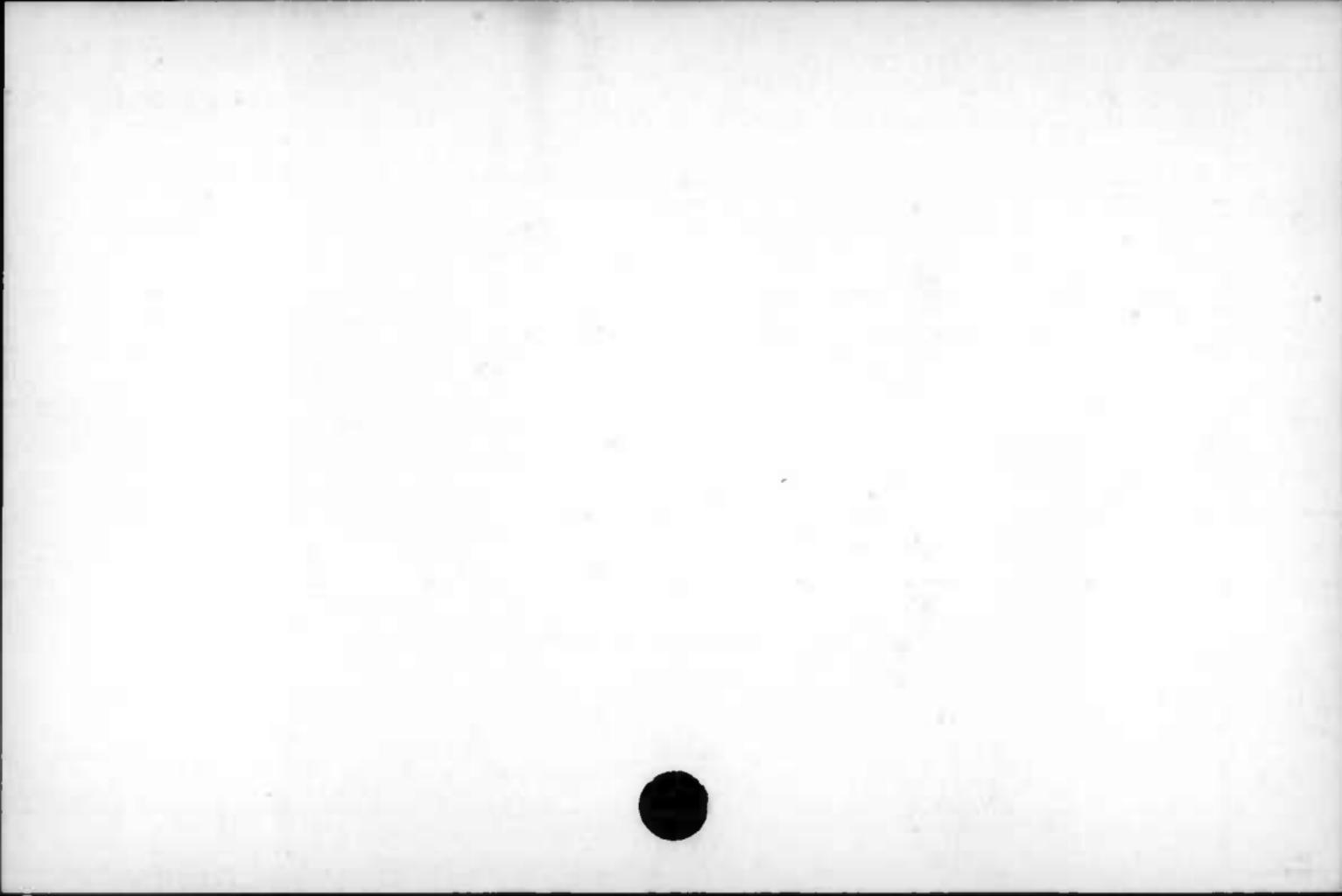
W L Lewis

Kensington

MD

Accident or Suicide?

no



Name
in
Full

Rachel Powell

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at near Brinklow		Town Montg.		County		MARYLAND	
Date of death 1907	Month June	Day 9	Age 76	Years	Months	Days	
Sex Female	Color or Race Colored			Birth- place Bruce George Co.			
Occupation General Housework	Where Residing if not at place of death						
Married, Single or Widowed Widow	Name of Wife or Husband Alfred Powell						
Father's Name Watson			Father's Birthplace				
Mother's Maiden Name Augusta			Mother's Birthplace				
Name of person giving Information Ella Punshon			How related to deceased				

CAUSES OF DEATH

Primary	Senility	(154)	How long
Immediate	Heart Failure		How long

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

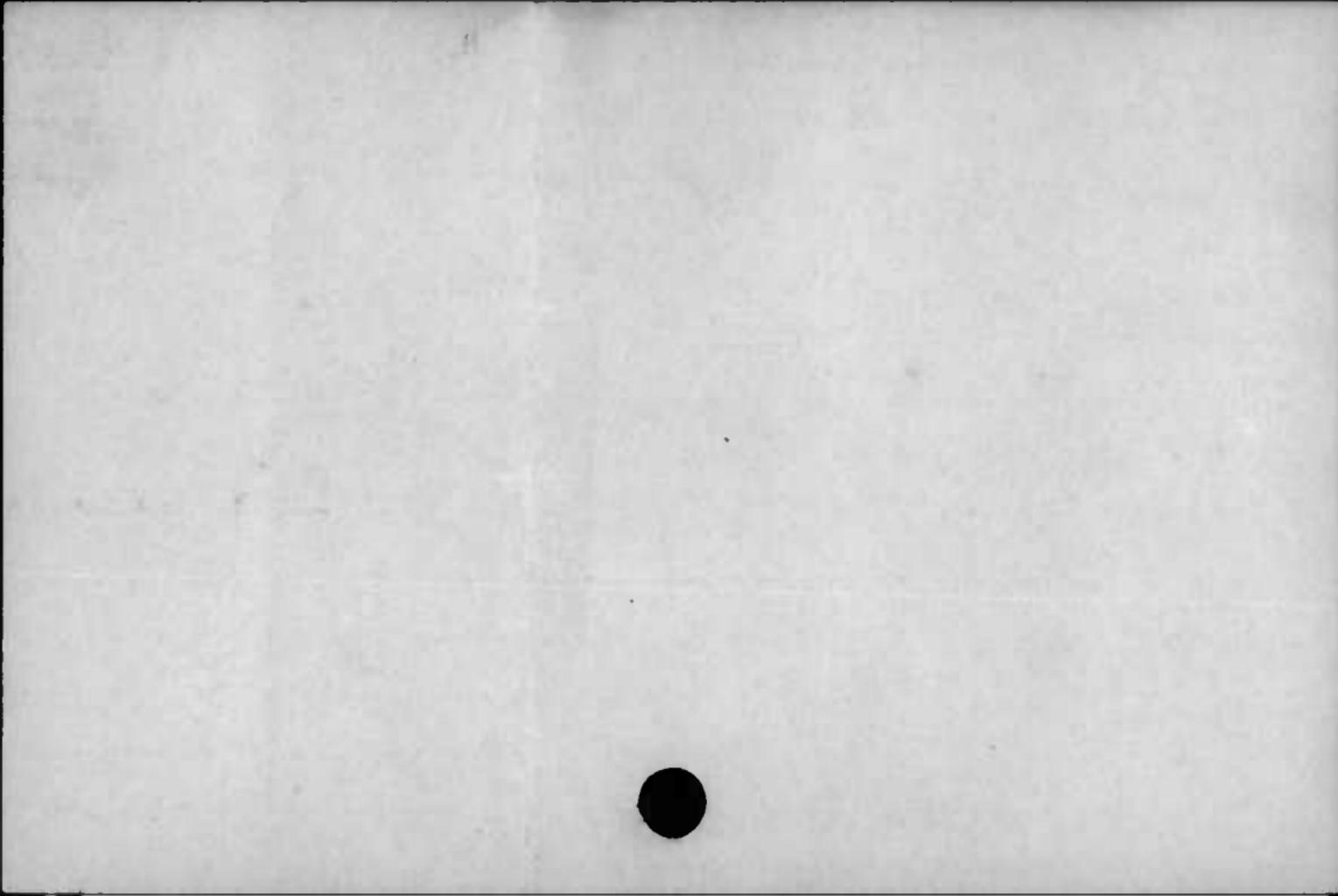
Yes

Signature of
Physician

Address

Hugh Stabler
Brighton

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Susan Schriner

CERTIFICATE OF DEATH

MARYLAND

Died at

Town

County

Frost Glen Montgomery

Date of death

Month

Day

Years

Months

Days

1907 June 23

Age 94

white

Birth-place

MD

Sex

Female

Color or Race

Where Residing if not
at place of death

Same

Occupation

Lady

Married, Single
or Widowed

widow

Name of Wife or Husband

Henry J. Schriner

Father's Birthplace

MD

Father's Name

Michael Ebberts

Mother's Maiden Name

Elizabeth Kohler

Mother's Birthplace

MD

Name of person giving
Information

Herman Schriner

How related
to deceased

son

CAUSES OF DEATH

90

How long

10 days

Primary

Acute Bronchitis

How long

3 days

Immediate

Shock due to fall

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Eugene Jones

Address

Kensington

MD

True Copy

Accident or Suicide?

Lotus H. S.

PHYSICIAN
OR CORONER



Name
in
Full

Louise Stein

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months
Occupation	Where Residing if not at place of death	Birth-Place	Days
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	
Father's Name	Conrad Stein	PrinceGeo Co. Md.	
Mother's Maiden Name	Gertrude Kuslow	Mother's Birthplace	
Name of person giving information	Conrad Stein	How related to deceased	

CAUSES OF DEATH

(93)

PHYSICIAN
OR CORONER

Primary

Pneumonia

How long

two weeks

Immediate

Cardiac Failure

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

John L. Lewis, M.D.

Bethesda

M.D.

Accident or Suicide?

no



Name
in
Full

Mary Stacker

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	near Rockville	Montgomery	Months	Days	
Date of death	1907	Month 6	Day 15	Year 70	Age
Sex	Female	Color or Race	White	Birth-place	Maryland
Occupation	None	Where Residing if not at place of death	X		
Married, Single or Widowed	Widow	Name of Wife or Husband	Stacker	Father's Birthplace	Virginia
Father's Name	Don't know			Mother's Birthplace	Virginia
Mother's Maiden Name	Don't know			How related to deceased	Not at all
Name of person giving information	William Rabbitt				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Influenza

(10)

How long

One week

Immediate

Exhaustion

How long

Two days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Edward Anderson
Rockville, Md.

Accident or Suicide?



Name
in
Full

Charles Worthy Wood

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Columbia Whalen			
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				

1907 June 19 71

Male White Rockville Md

Lock-keeper

Single Columbia Whalen England

Charles Worthy Wood

Unknown

Ernest Wood Son

Alexandria Va

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Died suddenly 179 How long

Immediate unknown How long

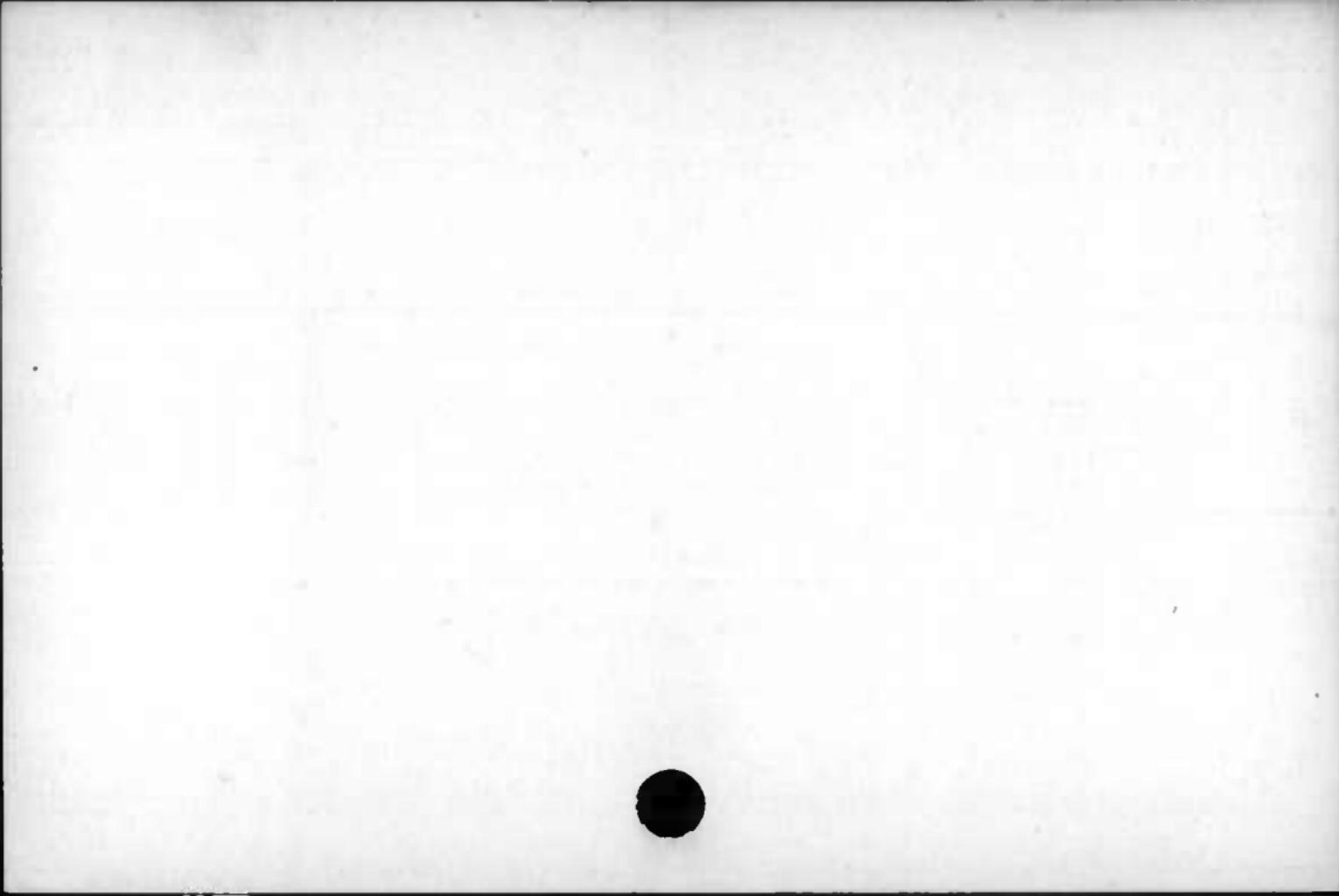
Are the name, age, sex, color, date and place correctly given above?

See Signature of Physician

Address

Richard Gott subreg
Rockville Md

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at

Town

County

MARYLAND

Date
of death

Month

Day

Years

Month

Days

1907 June 5 63

Sex

Color or
RaceBirth-
place

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of wife or
Husband

Name

Father's
Name

John Young

Virginia

Mother's
Maiden Name

Kate Shibley

Virginia

Name of person giving
Information

Dr. Young

Huber

CAUSES OF DEATH

Primary

Croupous Pneumonia

How long

10 days

Immediate

Meningitis

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

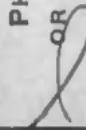
Yes

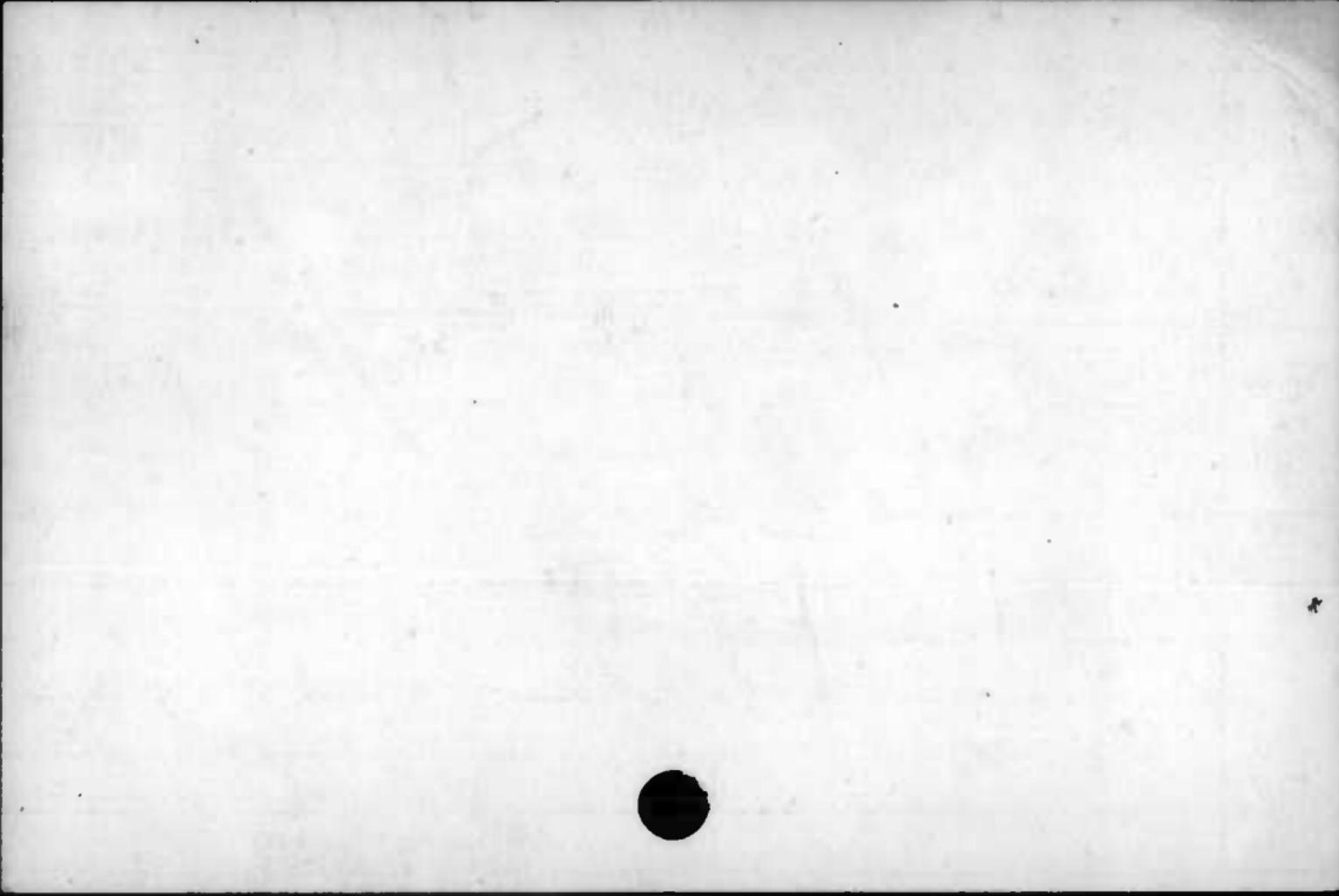
Signature of
Physician

Address

Eugene Jones
PlasueytonaPHYSICIAN
OR CORONER

Accident or Suicide?





Name
in
Full

Unknown

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County	MARYLAND
Died at Lanesocks	Montgomery	
Date 15 June Month	Day	Years Months Days
of death 1907	June 25	Supposed fast middle age
Sex Male	Color or Race	Birth-place
Occupation	Where Residing if not at place of death	Unknown
Married, Single or Widowed	Name of Wife or Husband	Unknown
Father's Name	All is unknown to	Father's Birthplace
Mother's Maiden Name	Jury	Mother's Birthplace
Name of person giving information		How related to deceased

CAUSES OF DEATH

172

How long

How long

PHYSICIAN
OR CORONER

Primary

Drowning Supposed 70 days

Immediate

"

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

William C. Gwynne

3336 - 6. St

Wash D.C.

Supposed Accident

Accident or Suicide?

